



Waukesha County
National Public Health Performance Standards Program (NPHPSP)
Local Public Health System Performance Assessment

FINAL REPORT | Spring 2011



Waukesha County
Public Health Division



NPHPSP
National Public Health Performance Standards Program



Daniel P. Vrakas
County Executive



March 9, 2011

Daniel P. Vrakas
County Executive
515 W. Moreland Blvd.
Waukesha, WI 53188

Dear Waukesha County Community Leaders,

Waukesha County Public Health Division and the Waukesha County Health Council appreciate the overwhelming number of community leaders who participated in the National Public Health Performance Standards Community Public Health System Assessment in April of 2009.

The commitment and energy the community leaders applied to this community public health assessment has resulted in the identification of the strengths and weaknesses of the community health and social services in Waukesha County.

The community assessment work of the local leaders is culminated in this final published report. This report guides the community policy makers on health and/or social service areas that can be strengthened or improved.

The Final Waukesha County Public Health System Assessment Report reflects the community leaders' hard work and provides direction for improvement of County health and social services in the future.

Sincerely,

A rectangular box containing a handwritten signature in dark ink, which appears to read "Daniel P. Vrakas".

Daniel P. Vrakas
County Executive

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II. Executive Summary

In 1997, the Centers for Disease Control and Prevention (CDC) and other national public health organizations developed the National Public Health Performance Standards Program (NPHPSP) as a means to improve the quality of public health. By assessing their public health system against standards, agencies can develop plans to strengthen their system and improve health.

The Waukesha County Public Health Division conducted a pilot assessment in October 2008 and a full assessment in April 2009. Over 80 members of the Waukesha County public health system, representing over 40 entities from health, medical, social services, geriatric services, business and other sectors, participated in the assessment. These included individuals from governmental and non-governmental sectors.

The results of the process point to strengths as well as opportunities for improvement in the ten essential public health services. These ten services provide the definition of public health activity by describing basic responsibilities in a public health system. These same ten essential services apply to every public health system – whether at the local community, state, or national level.

The ten essential public health services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Overall, the Waukesha County public health system assesses its performance of the ten essential services at 71% (where 0% means no activity is performed, and 100% means that all activities are performed optimally). In the scoring system used by participants, this would indicate performance at a significant (second highest) level.

Waukesha County public health system is operating at an optimal (highest) level in the following four essential services:

- Monitoring health status to identify community health problems;
- Diagnosing and investigating health problems and health hazards in the community;
- Developing policies and plans that support individual and community health efforts; and
- Enforcing laws and regulations that protect health and ensure safety.

While still at a significant (second highest) level, Waukesha County has more room for improvement in the following six essential services:

- Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable;
- Researching for new insights and innovative solutions to health problems;

- Assuring a competent public health and personal health care workforce;
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services;
- Informing, educating and empowering people about health issues; and
- Mobilizing community partnerships to identify and solve health problems.

In addition to rating the ten essential services, a few key overarching objectives were successfully achieved through this process. Evaluation results indicated that for 89% or more of participants, their understanding in the following areas increased:

- The public health system is all public, private and voluntary entities that contribute to public health, health and wellness;
- Community providers and organizations are part of the larger public health system of response in times of natural disaster and intentional bioterrorism; and
- How results from this assessment can be used to improve the local public health system.

Based on the results of this assessment process, Waukesha County's public health system can:

- Disseminate the results through the Waukesha County Health Council and other community venues;
- Continue to build on the strengths of the system;
- Develop plans to address all of the three minimally- to moderately-rated standards: workforce assessment; assure linkages to health services; research capacity;
- Identify three standards rated significant and develop plans to enhance them; and
- Incorporate these results into a Waukesha County community health improvement plan and process.

III. Introduction

Recent national and local emergencies have severely challenged and stretched Wisconsin's local public health systems. Those systems are comprised of both governmental and non-governmental agencies. Since 2008, Waukesha County has been affected by massive flooding, the flu pandemic, pertussis, measles, rubella, food-borne outbreaks, and other "every-day" public health issues. By all external indicators, Waukesha County's public health system has responded well.

Recognizing that maintaining such quality requires ongoing assessment, planning and evaluation, the Waukesha County Public Health Division, in conjunction with the Waukesha County Health Council, decided to assess the local public health system's quality through the National Public Health Performance Standards Program in 2008 and 2009. Engaging over 80 system partners, the Public Health Division convened partners, conducted the assessment, is sharing the results, and will incorporate the results into future community health improvement plans and processes.

This report outlines the processes utilized to conduct the assessment, the assessment results, conclusions and recommendations.

IV. Background/Statement of Purpose

The National Public Health Performance Standards Program (NPHPSP) was developed in 1997 by a collaboration of national public health organizations (e.g., Centers for Disease Control and Prevention, American Public Health Association, National Association of County and City Health Officials, and others) focused on improving the quality of public health through standards. The mission of the NPHPSP is to “improve the quality of public health practice and the performance of public health systems.” The NPHPSP was created to strengthen partnerships, identify areas of improvement and to strengthen systems. Successful completion of the assessment and resulting plans helps to assure a strong system is in place to respond to day-to-day public health issues, emergencies and threats to our public health.

The Waukesha County Public Health Division, in conjunction with the Waukesha County Health Council, discussed the possibility of conducting the NPHPSP Local Health System Assessment in 2007. By early 2008, the Division had committed to a pilot project that would evaluate the feasibility and process for conducting a full assessment by the end of 2009. Both the pilot and full assessment were completed by April 2009.

The objectives of the assessment were to:

- Define the public health system as all public, private, and voluntary entities that contribute to public health, health and well-being in a given area;
- Demonstrate that community providers and organizations are part of the larger public health system of response in times of natural disasters and intentional biological events;
- Demonstrate how results from the performance assessment can be used to improve the local public health system;
- Identify the application of the NPHPSP Local Health System Assessment within the community’s emergency preparedness planning; and
- Conduct the assessment of all essential services.

V. Assessment Methodology

The National Public Health Performance Standards Program (NPHPSP) assesses performance in each of ten essential public health services. These ten essential services provide the definition of public health activity by describing basic responsibilities in a public health system. These same ten essential services apply to every public health system – whether at the local community, state, or national level.

These essential public health services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Design

Waukesha County Public Health Division Leadership Team developed the NPHPSP Local Health System Assessment pilot based on training and resources provided by the National Program. Beginning in April 2008, the project team participated in a six-month process to develop the pilot program. During this time, the team attended a national training on the assessment, met monthly to plan and manage related activities, developed educational material, and planned the details and logistics for the event.

A representative sample of public health leaders in the community was recruited to participate in the initial pilot. The pilot consisted of two parts: an orientation and the assessment. The orientation was designed to provide participants with a general overview of key terms and concepts of public health, and of the NPHPSP. The second component included a real-time assessment of two of the ten essential services. Participants separated into two groups and participated in simultaneous discussion sessions during the second half of the day. The event concluded with a brief written evaluation.

The design, plans and content of the pilot were evaluated through a variety of methods. All participants were encouraged throughout the pilot to complete a confidential written evaluation. In addition, planning team members were positioned in both the orientation and the assessment rooms to record observations. The results and information collected through these means were used in the design of the April 7, 2009 assessment of the remaining eight essential services.

The full assessment on April 7 similarly included an orientation and small group discussion to assess activities against the standards. This process was modified to adjust for results and recommendations from the pilot in three ways: 1) After the pilot effort resulted in participant self-selection into unequal groups, public health leaders participating in the full assessment were assigned to specific essential services to help assure balance; 2) With pilot feedback indicating the orientation was too broad, the full assessment included a briefer, more focused orientation; and 3) Because each individual participated in two essential services sessions during the full assessment (compared to only one in the pilot), evaluations were collected for each session as well as the overall event.

Tool

Creators of the NPHPSP (Centers for Disease Control and others) developed a set of “standards” from which to measure (assess) a system’s delivery of the essential services. Multiple standards were developed for each of the essential services. The standards represent optimal levels of performance, not minimum expectations. Although no system is likely to be completely optimal at the beginning of this process, everyone is encouraged to remain committed to a long-term process of continuous improvement. The assessment helps to target and prioritize improvements, assuring a community is doing everything it can to protect and promote public health.

To measure the essential services, Waukesha County public health system representatives were asked to rate assessment questions within each essential service standard on the following scale:

- » **No activity** = 0% or absolutely no activity.
- » **Minimal activity** = Greater than zero, but no more than 25% of the activity described within the question is met.
- » **Moderate activity** = Greater than 25%, but no more than 50% of the activity described within the question is met.
- » **Significant activity** = Greater than 50%, but no more than 75% of the activity described within the question is met.
- » **Optimal activity** = Greater than 75% of the activity described within the question is met.

The assessment process for each essential service was facilitated by an external consultant. The process for assessing each essential service occurred in this manner:

- 1) Participants began with an overview discussion of what they perceived to be true for that essential service.
- 2) Participants voted on an initial rating for an assessment question.
- 3) If the voting yielded widely varying results, additional discussion and voting occurred. (The NPHPSP allows only one final rating per assessment question.)
- 4) The number of final votes in each category was recorded and reported.
- 5) The discussion was documented.
- 6) Participants continued on to the next question within that essential service.

The NPHPSP provided a quantitative report of the compiled results (see Appendix A). The NPHPSP used the ratings (No activity, Minimal activity, etc.) for individual questions within each standard to determine an overall rating, including a specific score (e.g., 92%, which is at the optimal level). For example, the overall performance score of 92% for Essential Service 1 (monitor health status) is a compilation of answers to 32 questions.

VI. Results

Overall Summary of Essential Services 1-10 Assessment Results

The NPHPSP assessment process engaged over 80 individuals from across the county and from over 40 entities. Overall, the Waukesha County public health system assessed its performance of the 10 essential services at 71% (where 0% means no activity is performed, and 100% means that all activities are performed optimally). In the scoring system used by participants, this would indicate performance at a significant (second highest) level.

Waukesha County public health system is operating at an optimal (highest) level in the following four essential services:

- Monitoring health status to identify community health problems;
- Diagnosing and investigating health problems and health hazards in the community;
- Developing policies and plans that support individual and community health efforts; and
- Enforcing laws and regulations that protect health and ensure safety.

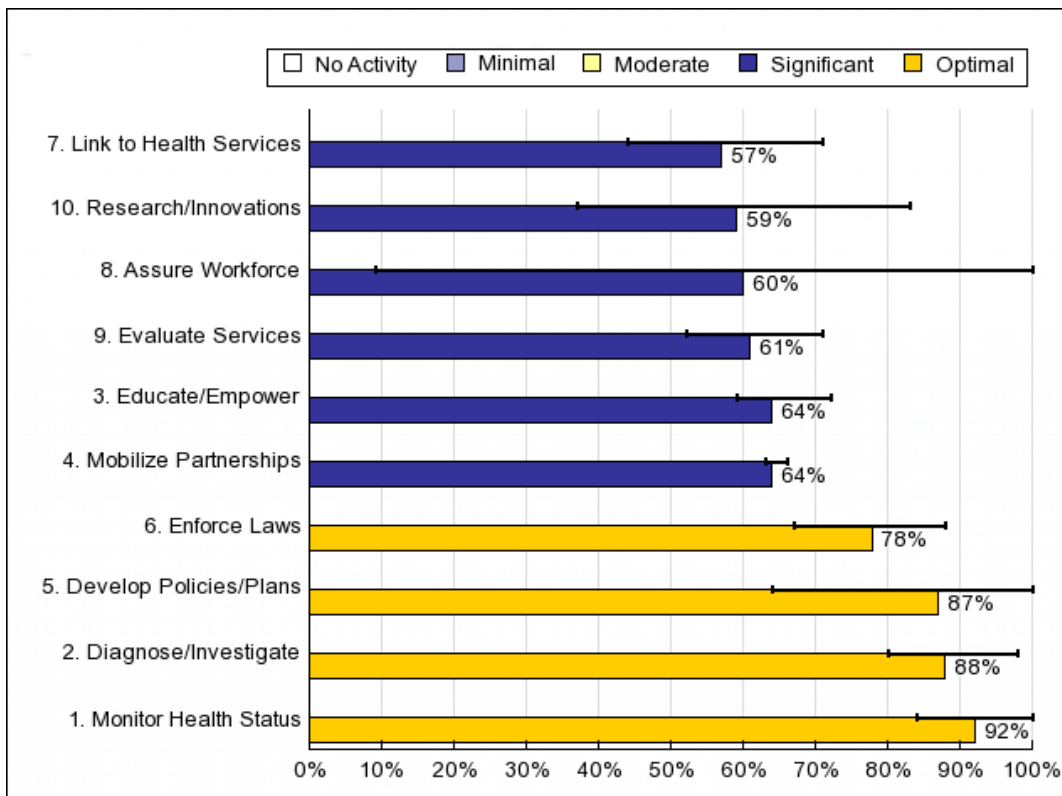
While still at a significant (second highest) level, Waukesha County has more room for improvement in the following six essential services:

- Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable;
- Researching for new insights and innovative solutions to health problems;
- Assuring a competent public health and personal health care workforce;
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services;
- Informing, educating and empowering people about health issues; and
- Mobilizing community partnerships to identify and solve health problems.

The above list of services (at the significant level) showed little variability in their final ratings (i.e., they were tightly grouped, with a total of 7 percentage points separating these items).

Figure 1 describes the rating and range of all of the essential services. The color-coded bars indicate the percent completion of the essential service as well as the category of performance activity (e.g., optimal, significant). The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Areas of wide range may warrant a closer look at the data.

Figure 1: Rank ordered performance scores for each Essential Service, by level of activity



A complete summary of quantitative results as reported by the National Public Health Performance Standards Program can be found in Appendix A.

In addition to the quantified scores, Waukesha County's process also documented discussion and comments from each essential service review group. Throughout the process, participants shared a number of examples of how their leadership and partnership have directly contributed to Waukesha County's high health ranking and status. At the same time, participants identified areas in which the community could improve on activities and service to further enhance the community's health status.

A summary of the discussion on each essential service and standard is described below. Complete notes from those discussions can be found in Appendix B.

Detailed Descriptions of Essential Services 1-10 Assessment Results

This section outlines the essential services, standards, quantitative results and qualitative results from the assessment. Descriptions of the essential services and standards are excerpted directly from the Local Public Health System Performance Assessment Instrument, Version 2.0, and the Local Public Health System Performance Assessment Report of Results, Waukesha County Health and Human Services Department, Public Health Division, 5/27/2009 from the NPHPSP. The acronym LPHS is used to refer to the local public health system, inclusive of all partners. Please note that frequently-cited 'weaknesses' included time and money. Because those challenges occurred in nearly every essential service, they are being excluded here.

Essential Service #1: Monitor Health Status to Identify Community Health Problems

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

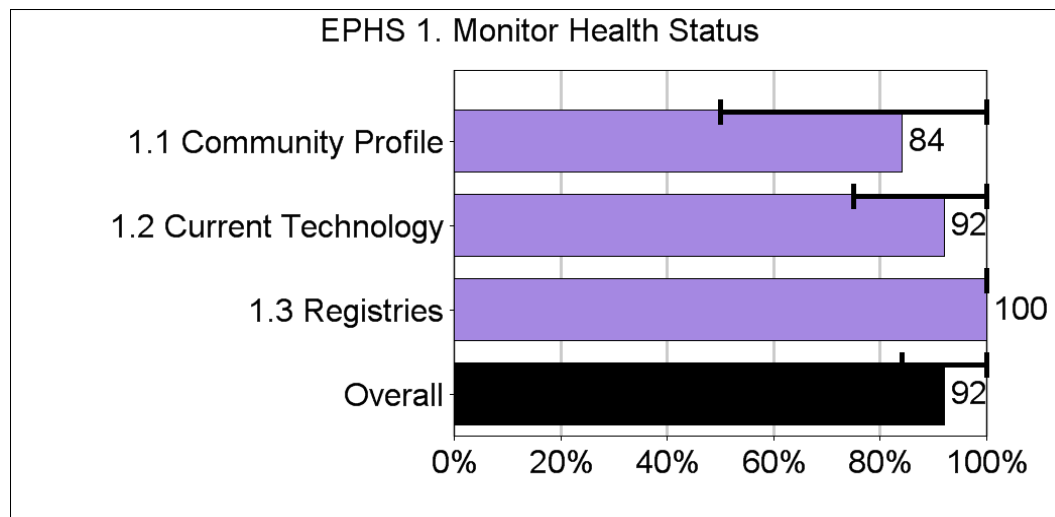
- Accurate, periodic assessment of the community's health status, including:
 - Identification of health risks, determinants of health, and determination of health service needs;
 - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population; and
 - Identification of community assets that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

Figure 2 describes the Waukesha County ratings of the Essential Service #1 standards, including:

- Population-based community health profile.
- Current technology to manage and communicate population health data.
- Maintenance of population health registries.

The value (e.g., 84) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #1 averaged 92% (optimal).

Figure 2: Ratings of Essential Service #1 (Monitor Health Status) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 1.1: Population-Based Community Health Profile (CHP)

The community health profile (CHP) is a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning and action, to allocate and align resources, and to monitor population-based health status improvement over time.

The CHP includes broad-based surveillance data and measures related to health status and health risk at individual and community levels including: demographic and socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death, illness, and injury; communicable disease; and sentinel events. The CHP displays information about trends in health status, along with associated risk factors and health resources. Local measures are compared with peer, state, and national benchmarks. Data and information are displayed in multiple formats for diverse audiences, such as the media and community-based organizations. Data included in the community health profile are accurate, reliable, and consistently interpreted according to the science and evidence-base for public health practice.

To accomplish this, the LPHS:

- Conducts regular community health assessments to monitor progress towards health-related objectives.
- Compiles and periodically updates a community health profile using community health assessment data.
- Promotes community-wide use of the community health profile and/or assessment data and assures that this information can be easily accessed by the community.

The Population-Based Community Health Profile standard:

Overall rating: Optimal

Specific score: 84%

Strengths of Waukesha County's efforts related to Population-Based Community Health Profile include:

- The Waukesha County Health Report Card is a key resource and is published every three years.
- The availability of data is particularly strong for maternal and child health; death, illness, and/or injury; and communicable disease.
- There are some media strategies in place to disseminate the data.

Weaknesses of Waukesha County's efforts related to Population-Based Community Health Profile include:

- While there are substantial amounts of data in some areas (e.g., deaths, communicable disease), there are also gaps (e.g., mental health, social indicators, quality of life).
- Many data are readily available, however, their availability is not widely publicized.

This group also discussed the potential for a number of improvements to the Health Report Card in the future, including adding more health profile information and creating summary sheets that would be population or health issue-specific (this would be done to help promote visibility of specific statistics to certain audiences).

LPHS Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

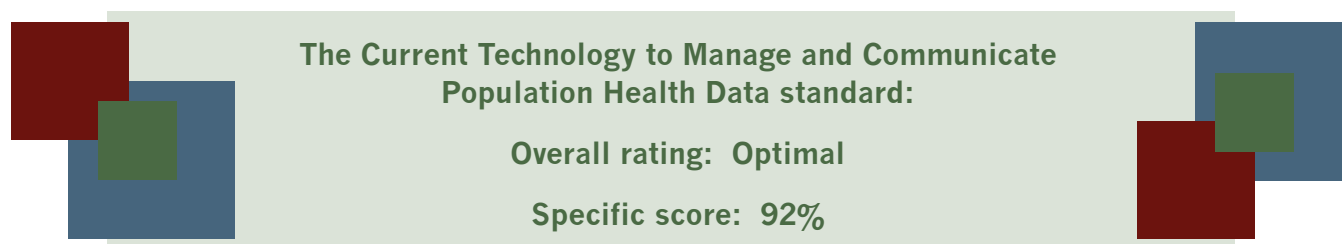
Population health data are presented in formats that allow for clear communication and interpretation by end users. Such formats include graphed trend data that allow for comparisons over time by relevant variables such as gender, race, and geographic designation.

Tools such as geographic information systems (GIS) are used to combine geography, data, and computer mapping to support the exploration of spatial relationships, patterns, and trends in health data. Use of geocoded data (matching of street address to a corresponding latitude and longitude) is promoted, while maintaining appropriate safeguards for confidentiality. Increased public access to GIS information provides new insights to develop strategies that are appropriate for specific geographic areas and to align health status indicators with health resources.

While the information in the Community Health Profile (CHP) is available in paper format, this information is also available in a web-based version that is accessible to individuals, community groups, and other organizations in a timely manner. Links to other sources of related information are provided.

To accomplish this, the LPHS:

- Uses state-of-the-art technology to collect, manage, integrate, and display health profile databases.
- Has access to geocoded data for geographic analysis.
- Uses computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).



Strengths of Waukesha County's efforts related to Current Technology to Manage and Communicate Population Health Data include:

- Weekly reports from the state, by region, are available.
- Data can be geocoded.

Weaknesses of Waukesha County's efforts related to Current Technology to Manage and Communicate Population Health Data include:

- More can be done with geocoding of data and the display of data.

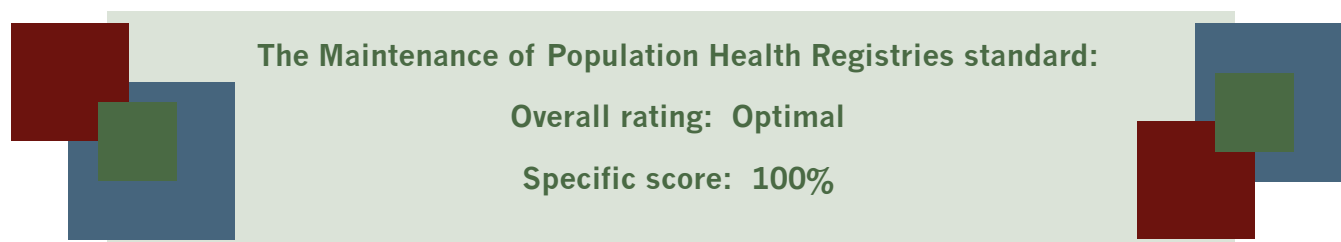
LPHS Model Standard 1.3: Maintenance of Population Health Registries

Population health registries track health-related events such as disease patterns and preventive health services delivery (i.e., cancer registries facilitate tracking of cancer incidence, cancer stage at diagnosis, treatment patterns, and survival probability; vaccine registries provide the real time status of vaccine coverage for specified age groups in the community). The LPHS creates and supports systems to assure accurate and timely reporting by providers.

Data are collected for registries in accordance with standards that assure comparability of data from public, private, local, state, regional, and national sources. Collaboration among multiple partners facilitates the aggregation of individual data to compile a population health registry used to inform policy decisions, program implementation, and population research.

To accomplish this, the LPHS:

- Maintains and regularly contributes to population health registries using established criteria to report identified health events.
- Uses information from one or more population health registries.



Strengths of Waukesha County's efforts related to Maintenance of Population Health Registries include:

- There are strict data reporting standards at the state and federal levels.

Weaknesses of Waukesha County's efforts related to Maintenance of Population Health Registries include:

- None identified.

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

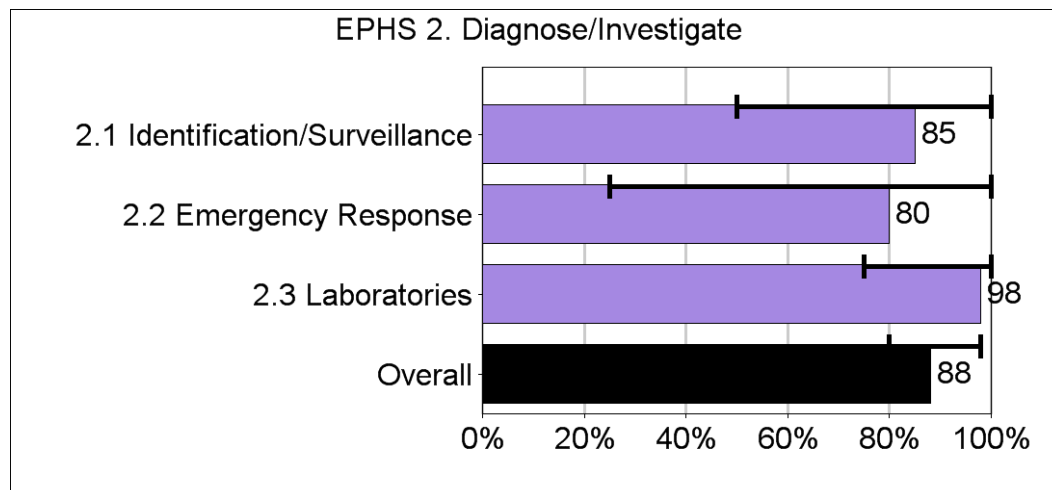
- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Figure 3 describes the Waukesha County ratings of the Essential Service #2 standards, including:

- Identification and surveillance of health threats.
- Investigation and response to public health threats and emergencies.
- Laboratory support for investigating health threats.

The value (e.g., 85) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #2 averaged 88% (optimal).

Figure 3: Ratings of Essential Service #2 (Diagnose and Investigate Health Problems) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 2.1: Identification and Surveillance of Health Threats

Surveillance systems are designed and maintained to monitor health events, to identify changes or patterns, and to investigate underlying causes or factors. Epidemiological and behavioral science techniques are used to collect data to identify risk factors for health threats. Local public health surveillance systems are integrated with national and state surveillance systems to provide comprehensive monitoring of health events using consistent collection and reporting procedures. Surveillance data are used to assess and analyze health problems and hazards. Surveillance data are also used to examine the impact of health hazards, behaviors, and risk factors on disease and mortality. Surveillance efforts also alert the LPHS to community and health indicators that may signal public health emergencies (e.g., natural and intentional disasters including biological and chemical incidents).

To accomplish this, the LPHS:

- Participates in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats.
- Collects timely reportable disease information from community health professionals who submit information on possible disease outbreaks.
- Utilizes human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.

The Identification and Surveillance of Health Threats standard:

Overall rating: Optimal

Specific score: 85%

Strengths of Waukesha County's efforts related to Identification and Surveillance of Health Threats include:

- Waukesha County is integrated with the Wisconsin Electronic Disease Surveillance System.
- A number of cases in which the public health system responded optimally were shared in the group.
- Waukesha County Public Health Division has a person who has time dedicated to communicable disease. The non-governmental community also brings some related resources.

Weaknesses of Waukesha County's efforts related to Identification and Surveillance of Health Threats include:

- Some data systems are integrated and some are not.
- EMS data are inconsistent between providers.
- There are data limitations, including accessing data from the state.
- The data collection resources and systems are not as robust as desired.
- GIS services are available but underutilized (primarily due to bulky data).

This group also noted that Waukesha County is unique in that its Environmental Health Division is in a different department than the Division of Public Health. Additionally, given the reporting lag that sometimes accompanies data systems, participants indicated an interest in access to "real time" data.

LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies

Local public health systems must have capacity to respond rapidly and effectively to investigate public health threats and emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. With the occurrence of an adverse public health event or potential threat, a collaborative team of LPHS professionals participates in the collection and analysis of relevant data. A network of support and communication relationships exists in the LPHS, which includes health-related organizations, public safety and rapid response teams, the media, and the general public. Timely investigation of public health emergencies is coordinated through an Emergency Response Coordinator, who leads the local effort in collaboration with LPHS partners in the event of a public health emergency (e.g., health officer, environmental health director).

In order to have the capacity to investigate and respond to public health emergencies, the LPHS:

- Maintains written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases or toxic exposures.
- Develops written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters.
- Designates an Emergency Response Coordinator.
- Identifies personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies.
- Evaluates incidents for effectiveness and opportunities for improvement.

The Investigation and Response to Public Health Threats and Emergencies standard:

Overall rating: Optimal

Specific score: 80%

Strengths of Waukesha County's efforts related to Investigation and Response to Public Health Threats and Emergencies include:

- A number of clear and strong protocols are in place (e.g., communicable disease and environmental health).
- The emergency coordinator and a number of technical experts bring personnel resources.
- There is a protocol for situations in which the Public Health Division does not have a protocol (or determines the situation is out of their scope).
- The 2008 flood response was very quick and effective.

Weaknesses of Waukesha County's efforts related to Investigation and Response to Public Health Threats and Emergencies include:

- There are questions about "surge capacity" of the system.
- Increased Hispanic translator services are needed.
- Some environmental health protocols (e.g., asbestos) could be improved.

This group also noted that there is 'citizen emergency response training' that will help in future emergencies.

LPHS Model Standard 2.3: Laboratory Support for Investigation of Health Threats

Laboratory support is defined as the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns. The actual testing may be performed outside the traditional public health system, however, public health retains the responsibility for ensuring that proper testing and timely results are available to the community.

In order to accomplish this, the LPHS:

- Maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- Maintains ready access (24 hours-per-day / 7 days-per-week) to laboratories capable of supporting investigations of public health threats, hazards, and emergencies.
- Confirms that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.
- Maintains guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples, as well as reporting findings.

The Laboratory Support for Investigation of Health Threats standard:

Overall rating: Optimal

Specific score: 98%

Strengths of Waukesha County's efforts related to Laboratory Support for Investigation of Health Threats include:

- Laboratory access and relationships are very effective and responsive.

Weaknesses of Waukesha County's efforts related to Laboratory Support for Investigation of Health Threats include:

- Sometimes laboratory services on the weekend are not available.

Essential Service #3: Inform, Educate and Empower People about Health Issues

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

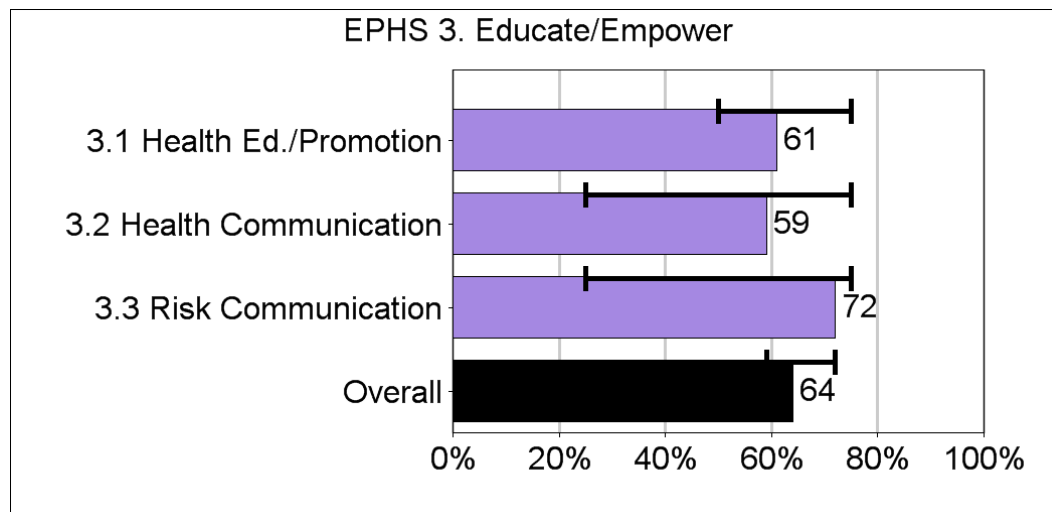
- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages that are accessible to all populations.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Risk communication processes designed to inform and mobilize the community in time of crisis.

Figure 4 describes the Waukesha County ratings of the Essential Service #3 standards, including:

- Health education and promotion.
- Health communication.
- Risk communication.

The value (e.g., 61) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #3 averaged 64% (significant).

Figure 4: Ratings of Essential Service #3 (Educate on Health Issues) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

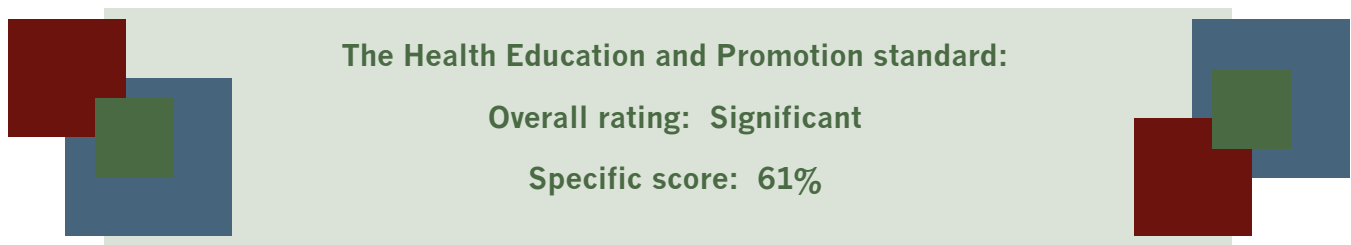
LPHS Model Standard 3.1: Health Education and Promotion

The LPHS actively creates, communicates, and delivers health information and health interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations. The LPHS supports its health improvement objectives and responds to public health issues with health education and health promotion initiatives that are based on the best available scientific evidence of effectiveness in helping people make healthy choices throughout their lives. Strong working relations include numerous agencies that are actively engaged in promoting and implementing these activities.

The LPHS designs and implements a wide range of health education and health promotion activities. Health promotion activities include any combination of educational and environmental supports that give individuals, groups, or communities greater control over conditions affecting their health. Health education is the process by which the LPHS conveys information and facilitates the development of health-enhancing skills among individuals and groups in the community. Health education serves to reinforce health promotion messages within the community, ultimately helping to reduce health risk and improve health status.

To accomplish this, the LPHS:

- Provides the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health.
- Plans, conducts, and evaluates targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors.
- Works with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.



Strengths of Waukesha County's efforts related to Health Education and Promotion include:

- If a person/organization is in the informal "network", then information is readily available.
- There are many community-based health education and health promotion activities in the community, some of which collect basic evaluation information.
- Local TV channels are highlighting local health issues.
- Low grades on the Health Report Card are looked at more closely.

Weaknesses of Waukesha County's efforts related to Health Education and Promotion include:

- For the general public and for those not "networked," it can be difficult to find information.
- Evaluations of health promotion and health education activities are few.
- Collaborations around specific issues (e.g., nutrition) are frequent but not universal.
- The for-profit and non-profit sectors are still somewhat separate.
- There is a need for more coordination between efforts.

This group also recommended conducting a survey to determine the utilization of the Report Card data.

LPHS Model Standard 3.2: Health Communication

Health communication encompasses the use of multiple communication strategies to inform and influence individual and community decisions that enhance health. Health communication includes activities related to media campaigns, social marketing, entertainment education, and interactive health communication. Health communication serves to raise awareness of health risks and solutions, support adoption of healthy behavior, and create advocacy for health policies and programs that empower people to adopt healthy lifestyles.

The LPHS utilizes a variety of communication channels, such as interpersonal, small group, organizational, community, and mass media, to reach people in a variety of settings, including home, school, work, and community.

The LPHS works collaboratively to identify the best contexts, channels, and content of health messages in their community and to leverage resources for their implementation.

To accomplish this, the LPHS:

- Develops health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders.
- Utilizes relationships with media channels (e.g., print, radio, television, Internet) to share health information with general and targeted audiences.
- Identifies and trains spokespersons on public health issues.

The Health Communication standard:

Overall rating: Significant

Specific score: 59%

Strengths of Waukesha County's efforts related to Health Communication include:

- Communication plans are largely in place for emergencies, as well as other expected situations (e.g., release of the Report Card, communicable disease outbreaks).
- The 211 system is available for agencies and for the public.
- Local TV stations do some ongoing as well as situation-sensitive coverage of health issues.

Weaknesses of Waukesha County's efforts related to Health Communication include:

- Communication plans are largely not in place for health promotion kinds of activities and events.
- Evaluation of the reach and effectiveness of media efforts is not available.
- There appears to be limited coordination of messages in non-crisis situations.

This group also recommended that messaging be better coordinated.

LPHS Model Standard 3.3: Risk Communication

Risk communication is the provision of information by public health professionals to allow individuals, stakeholders, or an entire community to make the best possible decisions about their well-being in times of crisis or emergency. Risk communication includes pre-event, event and post-event communication planning. The LPHS identifies and analyzes potential risks in order to develop strategic plans for public, media, partner, and stakeholder communication during public health emergencies, including terrorism.

To accomplish this, the LPHS:

- Develops an emergency communications plan to effectively create and disseminate materials for each stage of a crisis according to recognized theories and methods.
- Ensures adequate resources to enable a rapid emergency communications response.
- Provides crisis and emergency communications training for employees and establishes protocols for the dissemination of public information and instructions during a public health emergency.
- Maintains current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.

The Risk Communication standard:

Overall rating: Significant

Specific score: 72%

Strengths of Waukesha County's efforts related to Risk Communication include:

- County and regional plans are in place for emergencies.

Weaknesses of Waukesha County's efforts related to Risk Communication include:

- Although county and regional plans are in place, not everyone knows they are in place.

Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

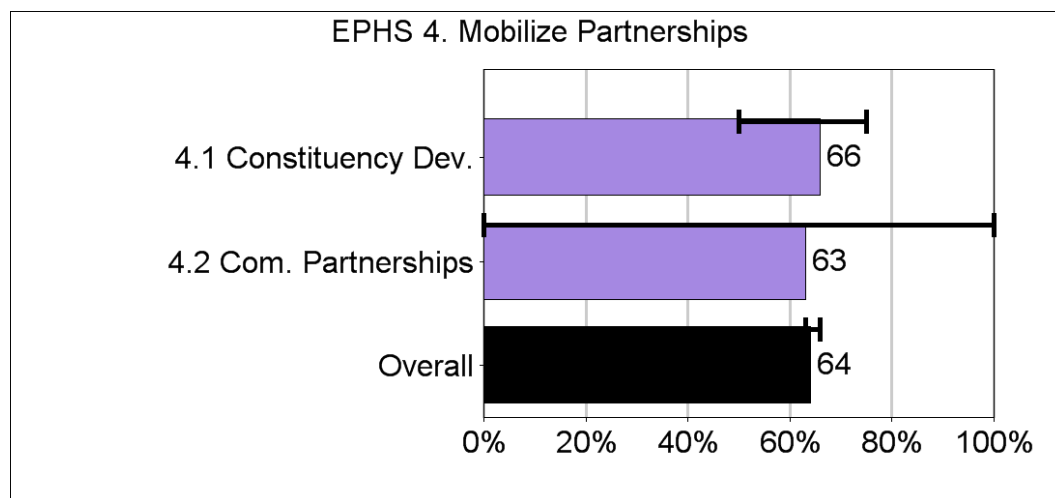
- Identifying potential stakeholders who contribute to or benefit from public health and increase their awareness of the value of public health.
- Building coalitions and working with existing coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships and strategic alliances among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement activities, including preventive, screening, rehabilitation, and support programs, and establishing the social and economic conditions for long-term health.

Figure 5 describes the Waukesha County ratings of the Essential Service #4 standards, including:

- Constituency development.
- Community partnerships.

The value (e.g., 66) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #4 averaged 64% (significant).

Figure 5: Ratings of Essential Service #4 (Mobilize Community Partnerships) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 4.1: Constituency Development

Constituents of the LPHS include all persons and organizations that directly contribute to or benefit from public health. Constituents may include members of the public served by the local public health system, the governmental bodies it represents, and other health, environmental, and non-health-related organizations in the community. Constituency development is the process of establishing collaborative relationships among the LPHS and all current and potential stakeholders. As part of constituency development activities, the LPHS develops and operationalizes a communications strategy designed to educate the community about the benefits of public health and the role of the LPHS in improving community health. The LPHS operationalizes the communications strategy through formal and informal community networks, which may include businesses, schools, healthcare organizations, the faith community, and community associations.

For effective constituency development, the LPHS:

- Has a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).
- Encourages the participation of its constituents in community health activities, such as in identifying community issues and themes and engaging in volunteer public health activities.
- Establishes and maintains a comprehensive directory of community organizations.
- Uses broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health services and issues.

The Constituency Development standard:

Overall rating: Significant

Specific score: 66%

Strengths of Waukesha County's efforts related to Constituency Development include:

- Once an individual identifies their need, and they access the system at one point, they can usually ultimately reach the resource they need.
- The 211 service and libraries are good locations for information.
- There are many partnerships in the county.
- Those individuals who are reached are served.

Weaknesses of Waukesha County's efforts related to Constituency Development include:

- The 211 service has some limitations (e.g., keeping information updated, making sure everyone knows about 211).
- Individual organizations have their own evaluations; there is no overarching evaluation of the effectiveness of the system as a whole.
- Siloed funding affects communication and collaboration between agencies.
- Some individuals are not reached (and are therefore not served).

This group noted there is variability in coordination between agencies/entities, and in volunteer availability/capacity.

LPHS Model Standard 4.2: Partnership Development

Community partnerships and strategic alliances describe a continuum of relationships that foster the sharing of resources and accountability in undertaking community health improvement. Public health departments may convene or facilitate the collaborative process. The multiple levels of relationships among public, private, or nonprofit institutions have been described as 1) networking, exchanging information for mutual benefit; 2) coordination, exchanging information and altering activities for mutual benefit and to achieve a common purpose; 3) cooperation, exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose; and 4) collaboration, exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose. Multi-sector collaboration is thus defined as a voluntary strategic alliance of public, private, and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risks, responsibilities, resources, and rewards.

Multi-sector partnerships such as community health improvement committees (community committees) exist in some communities as formally constituted bodies (e.g., a community health planning council) while in other communities they are less formal groups. The community committee is a dynamic collaboration designed to be comprehensive and inclusive in its membership and its approach to community health improvement.

To accomplish this, the LPHS:

- Establishes community partnerships and strategic alliances to assure a comprehensive approach to improving health in the community.
- Assures the establishment of a broad-based community health improvement committee.
- Assesses the effectiveness of community partnerships and strategic alliances in improving community health.

The Partnership Development standard:

Overall rating: Significant

Specific score: 63%

Strengths of Waukesha County's efforts related to Partnership Development include:

- A number of strategic partnerships and connections were identified.
- The Health Council has helped in the launch of strong local initiatives (e.g., Heart Healthy Waukesha).
- Some partnerships evaluate their effectiveness.

Weaknesses of Waukesha County's efforts related to Partnership Development include:

- Some attendees had never heard of the Health Council.
- There doesn't appear to be a system-wide partnership evaluation.
- There is a for-profit, non-profit divide.

This group also noted that funding is affecting partnerships differently; for some relationships, the lack of funds is building more bridges, and for others it is causing a division.

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but more than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

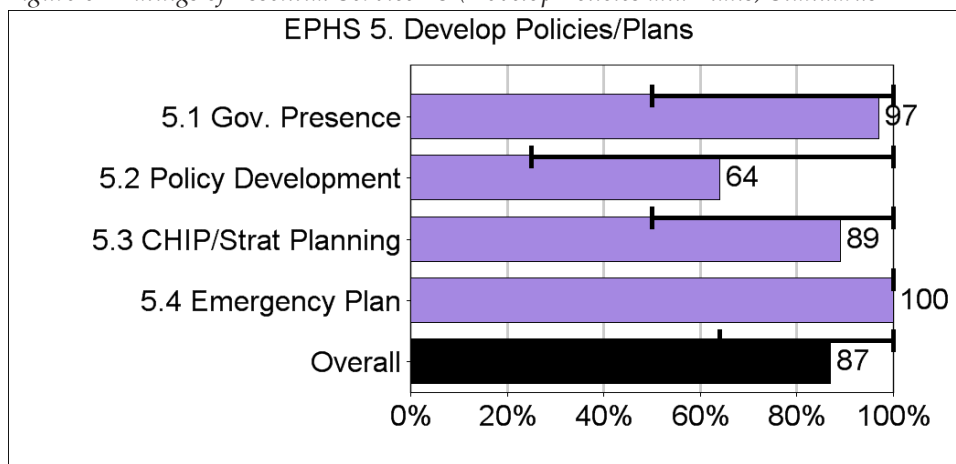
- An effective governmental presence at the local level.
- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level planning for health improvement and public health emergency response in all jurisdictions.
- Alignment of LPHS resources and strategies with a community health improvement plan.

Figure 6 describes the Waukesha County ratings of the Essential Service #5 standards, including:

- Governmental presence at the local level.
- Public health policy development.
- Community health improvement process and strategic planning.
- Plan for public health emergencies.

The value (e.g., 97) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #5 averaged 87% (optimal).

Figure 6: Ratings of Essential Service #5 (Develop Policies and Plans) Standards



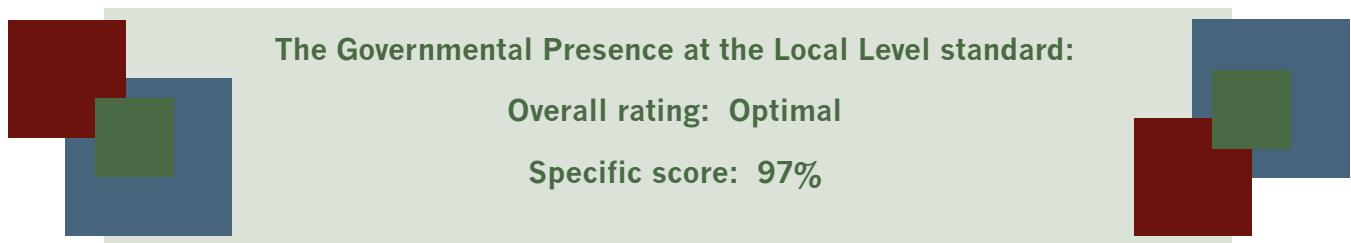
Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 5.1: Governmental Presence at the Local Level

Every community must be served by a governmental public health entity. As the line of first defense, local governmental public health entities play a vital role in ensuring the safety, health, and well-being of communities. The governmental public health entity works in partnership with the community to assure the development and maintenance of a flexible and dynamic public health system that provides the Essential Public Health Services. In doing this, the local governmental public health entity coordinates or assures the provision of quality public health services. Typically, the local health department or a local branch of the state health agency serves as the local governmental public health entity.

To accomplish this, the LPHS:

- Includes a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community.
- Assures the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services.
- Maintains an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).
- Coordinates with the state public health system.



Strengths of Waukesha County's efforts related to Governmental Presence at the Local Level include:

- The local Division of Public Health was generally viewed as strong and able.
- There is funding for preparedness.

Weaknesses of Waukesha County's efforts related to Governmental Presence at the Local Level include:

- Funding for non-preparedness efforts is more limited, and pandemic flu funding is no longer available.
- The public health system does not capture all who need services/benefits.

This group also noted Waukesha County has the lowest number of county Division of Public Health employees per resident compared to every other county in the state.

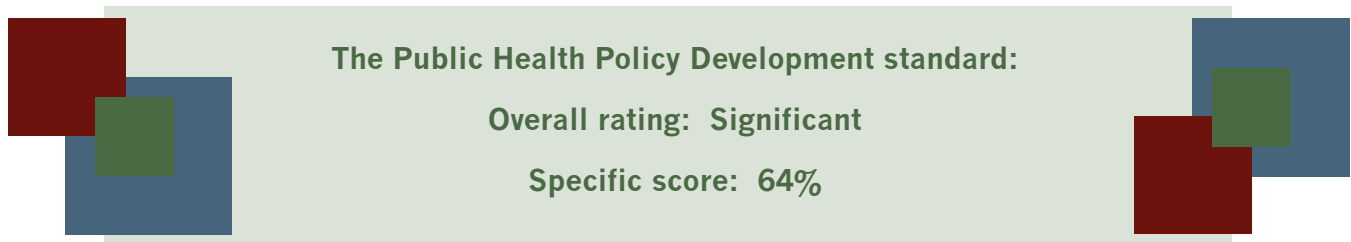
LPHS Model Standard 5.2: Public Health Policy Development

As used in this instrument, the phrase “policy development” involves the means by which problem identification, technical knowledge of possible solutions, and societal values join to set a course of action (IOM, 1988). Policy development is not synonymous with the development of laws, rules, and regulations (which are the focus of Essential Service # 6). Laws, rules, and regulations may be adopted as tools to implement policy, but good policies must precede good legislation. Policy development is a process that enables informed decisions to be made concerning issues related to the public’s health.

The LPHS works with the community to identify policy needs and gaps to develop policies to improve the public’s health. The LPHS promotes the community’s understanding of, and advocacy for, policies to improve health, and serves as a resource to elected officials to establish and maintain public health policies.

To assure effective public health policy, the LPHS:

- Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process.
- Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.
- Reviews existing policies at least every three to five years.



Strengths of Waukesha County’s efforts related to Public Health Policy Development include:

- Public hearings are available for the public to give input.

Weaknesses of Waukesha County’s efforts related to Public Health Policy Development include:

- It can be a challenge to coordinate the different agencies involved in policy development.

LPHS Model Standard 5.3: Community Health Improvement Process and Strategic Planning

Community health improvement includes traditional public health, environmental health, and health services categories, as well as business, economic, housing, land use, health equity and other community issues affecting the public's health. The community health improvement process involves an ongoing, collaborative, community-wide effort by the LPHS to identify, analyze, and address health problems; assess applicable data; inventory community health assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community "ownership" of the entire process. The community health improvement process provides the opportunity to develop a community-owned plan that will lead to a healthier community.

The community health improvement process is further strengthened by the organizational strategic planning activities of LPHS members, including the local health department. To effectively leverage community resources and optimize outcomes, organizations within the LPHS make efforts to review and align their organizational strategic plans with the community health improvement process.

To accomplish this, the LPHS:

- Establishes a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents.
- Develops strategies to achieve community health improvement objectives and identifies accountable entities to achieve each strategy.

Because the activities of the local health department should be focused on community public health needs and issues, specific attention is given to this organization's strategic plan. The local health department:

- Conducts organizational strategic planning activities and reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process.



Strengths of Waukesha County's efforts related to Community Health Improvement Process and Strategic Planning include:

- There is a community health improvement process with measureable objectives; many of those objectives are compatible with state and federal objectives.
- There is a community health plan for the Hispanic community, and for preparedness.

Weaknesses of Waukesha County's efforts related to Community Health Improvement Process and Strategic Planning include:

- Prioritization of health issues does not always occur.

LPHS Model Standard 5.4: Plan for Public Health Emergencies

An “All-Hazards” emergency preparedness and response plan describes the roles, functions and responsibilities of LPHS and other entities in the event of one or more types of public health emergencies. LPHS entities, including the local health department, emergency management, law enforcement, fire departments, health care providers, and other partners work collaboratively to formulate emergency response plans and procedures. Careful planning and mobilization of resources and partners prior to an event is crucial to a prompt and effective response. The plan should create an all-hazards response infrastructure, in that it outlines the capacity of the LPHS to respond to all public health emergencies (including natural and intentional incidents and disasters), while taking into account the unique and complex challenges presented by chemical, biological, radiological, nuclear and explosive incidents. These plans describe community interventions necessary to prevent, monitor and control the incident.

In order to plan for public health emergencies, the LPHS:

- Establishes a task force to develop and maintain emergency preparedness and response plans.
- Develops a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describes organizational responsibilities, and establishes standard operating procedures and clearly outlines alert and evacuation protocols.
- Tests the plan through the staging of one or more “mock events,” and revises the plan as necessary at least every two years.

The Plan for Public Health Emergencies standard:

Overall rating: Optimal

Specific score: 100%

Strengths of Waukesha County’s efforts related to Plan for Public Health Emergencies include:

- Waukesha County has a strong emergency preparedness and response plan.

Weaknesses of Waukesha County’s efforts related to Plan for Public Health Emergencies include:

- None identified.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

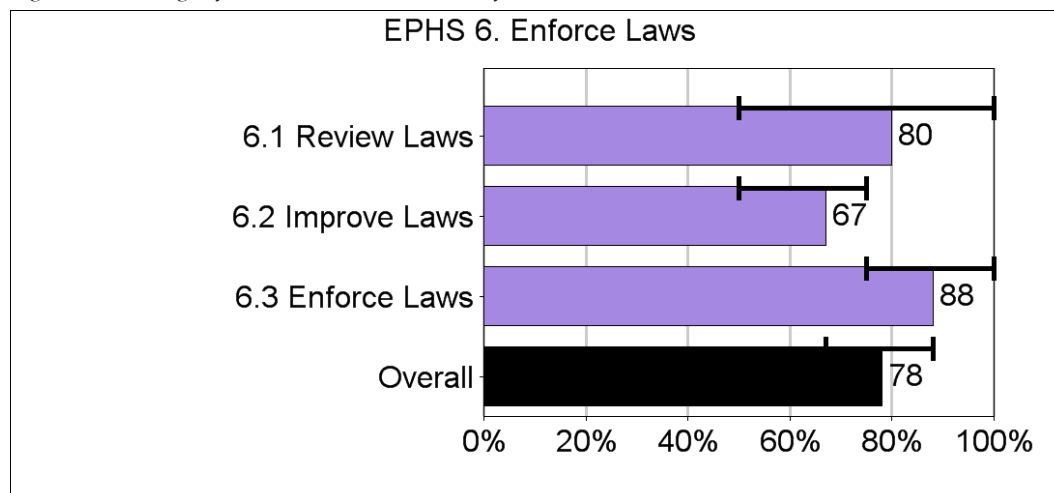
- The review, evaluation, and revision of laws, regulations, and ordinances designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws, regulations, and ordinances designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; emergency response; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biologic, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

Figure 7 describes the Waukesha County ratings of the Essential Service #6 standards, including:

- Review and evaluation of laws, regulations and ordinances.
- Involvement in the improvement of laws, regulations and ordinances.
- Enforcement of laws, regulations and ordinances.

The value (e.g., 80) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #6 averaged 78% (optimal).

Figure 7: Ratings of Essential Service #6 (Enforce Laws) Standards



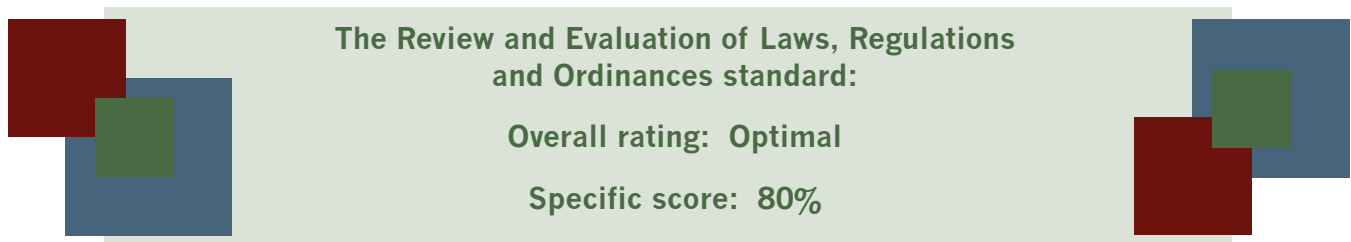
Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations and Ordinances

The LPHS reviews existing federal, state, and local laws, regulations, and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. The review focuses on the authority established for laws, regulations, and ordinances as well as the impact of existing laws, regulations, and ordinances on the health of the community. The review also assesses compliance, opinions of constituents, and whether laws, regulations, and ordinances require updating.

In order to accomplish this, the LPHS:

- Identifies public health issues that can only be addressed through laws, regulations, or ordinances.
- Is knowledgeable about current federal, state, and local laws, regulations, and ordinances that protect the public's health.
- Reviews public health laws, regulations, and ordinances at least once every five years.
- Has access to legal counsel for assistance in the review of laws, regulations, and ordinances.



Strengths of Waukesha County's efforts related to Review and Evaluation of Laws, Regulations and Ordinances include:

- There are many statutes in place.

Weaknesses of Waukesha County's efforts related to Review and Evaluation of Laws, Regulations and Ordinances include:

- It was unclear about how or if some law enforcement issues (e.g., leaf-burning, curfew) were reviewed.
- Emerging issues are a challenge to have covered under statute.
- There are gaps in statutes.
- There is frequently a lag between the science and the ability to translate the science into policy.

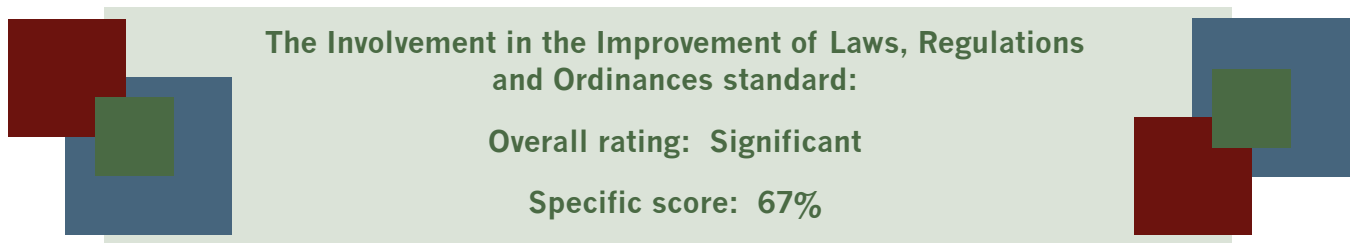
This group suggested that after a given situation, a time be set aside to reflect on how the current laws aided or hindered the response to the situation. The group also suggested it would be helpful to discuss how to measure support for statute changes/ revisions, as there is sometimes difficulty in conveying these issues to elected officials.

LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations and Ordinances

Having identified local public health issues that are not adequately being addressed through existing laws, regulations, and ordinances, the LPHS participates actively in the modification of existing laws, regulations, and ordinances and the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health. This participation includes the drafting of proposed legislation and regulations, involvement in public hearings, and periodic communication with legislators and regulatory officials.

In order to accomplish this, the LPHS:

- Identifies local public health issues that are not adequately addressed through existing laws, regulations, and ordinances.
- Participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health.
- Provides technical assistance for drafting proposed legislation, regulations, and ordinances.



Strengths of Waukesha County's efforts related to Involvement in the Improvement of Laws, Regulations and Ordinances include:

- Some administrative directives exist.
- Legislative bodies are listening at a local level.

Weaknesses of Waukesha County's efforts related to Involvement in the Improvement of Laws, Regulations and Ordinances include:

- Gaps are usually known, but not necessarily addressed.
- There is a need for experience, knowledge and background in order to develop policy; not every individual (or institution) has that capacity.
- Sometimes the ordinances lack consistency across locales (e.g., smoking ban across the state, drinking in public parks).

LPHS Model Standard 6.3: Enforcement of Laws, Regulations and Ordinances

The LPHS recognizes the unique role of the government to enforce public health laws, regulations, and ordinances. The authority of the governmental organizations within the LPHS to enforce public health laws, regulations, and ordinances varies from state to state and between jurisdictions within states. In many communities, the local health department exercises regulatory enforcement that is delegated or contracted to it by federal, state, county, or municipal government entities. In other communities, enforcement authority may be retained by the state or delegated to one or more private entities whose authority may cross local jurisdictional boundaries.

To enforce laws, regulations, and ordinances, the LPHS:

- Identifies organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.
- Assures that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions.
- Assures that all enforcement activities are conducted in accordance with laws, regulations, and ordinances.
- Informs and educates individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.
- Evaluates the compliance of regulated organizations and entities.

The Enforcement of Laws, Regulations and Ordinances standard:

Overall rating: Optimal

Specific score: 88%

Strengths of Waukesha County's efforts related to Enforcement of Laws, Regulations and Ordinances include:

- There is a self-assessment to evaluate the compliance of regulated organizations and entities.

Weaknesses of Waukesha County's efforts related to Enforcement of Laws, Regulations and Ordinances include:

- There are some gaps in statutes related to enforcement (e.g., a SARS patient can walk out of the hospital and there is no power to prevent them from leaving).
- There are no quarantine ordinances.
- It is difficult to find specific laws/regulations. A person sometimes gets the run around.
- Information is not available in multiple languages. There are other options for providing different information, but those are still lacking (e.g., more in schools, language issues).

This group suggested that a collaboration of individuals get together to make sure everyone is on the same page and understands the scope of each branch of government (e.g., public health, law enforcement, environmental health) during a disaster.

Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise not Available

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but more than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

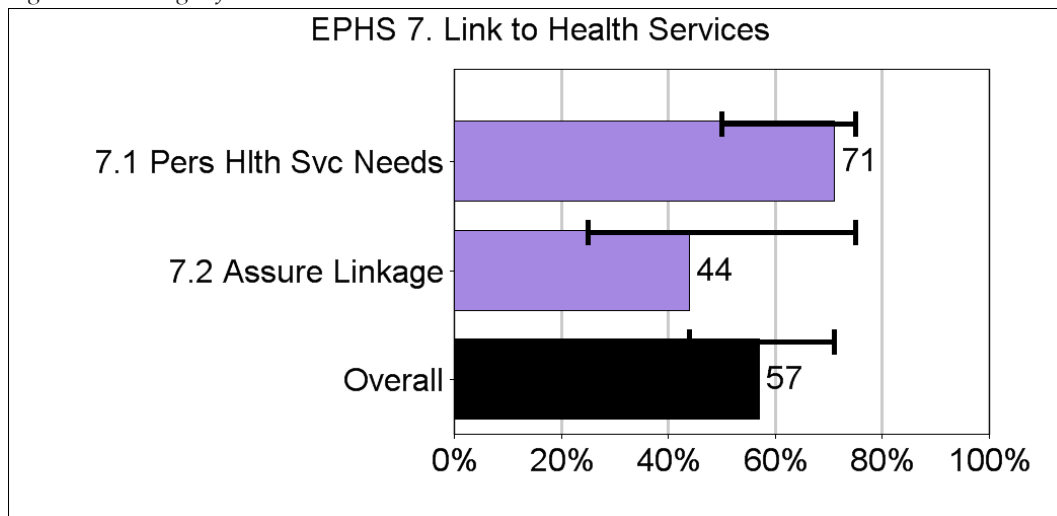
- Identifying populations with barriers to personal health services.
- Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

Figure 8 describes the Waukesha County ratings of the Essential Service #7 standards, including:

- Identification of personal health service needs of the population.
- Assuring the linkage of people to personal health services.

The value (e.g., 71) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #7 averaged 57% (significant).

Figure 8: Ratings of Essential Service #7 (Link to Health Services) Standards



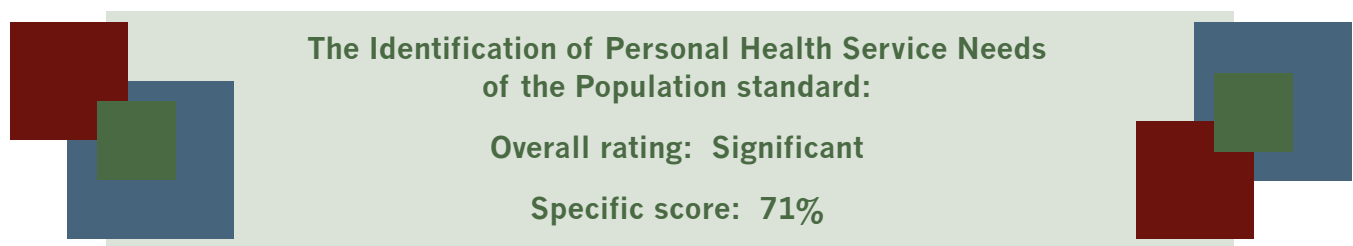
Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 7.1: Identification of Personal Health Service Needs of the Population

The LPHS identifies populations who may encounter barriers to personal health services. Identified barriers may be due to age, lack of education, poverty, culture, race, language, religion, national origin, physical and/or mental disability, or lack of health insurance. In order to ensure equitable access to personal health services, the LPHS has defined and agreed upon roles and responsibilities for the local governmental public health entity, hospitals, managed care plans, and other community health care providers in relation to providing these services.

To accomplish this, the LPHS:

- Identifies populations in the community who may experience barriers to the receipt of personal health services.
- Defines personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction.
- Assesses the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.



Strengths of Waukesha County's efforts related to Identification of Personal Health Service Needs of the Population include:

- There was considerable awareness and identification of populations in the community who may not be able to access existing health services.
- There were no populations discussed, or listed in the assessment, for whom the community did not have awareness of.
- A variety of sources of information have already collected and reported on the various populations in the community (community health assessment).
- There is significant knowledge of initial or primary service needs for populations.

Weaknesses of Waukesha County's efforts related to Identification of Personal Health Service Needs of the Population include:

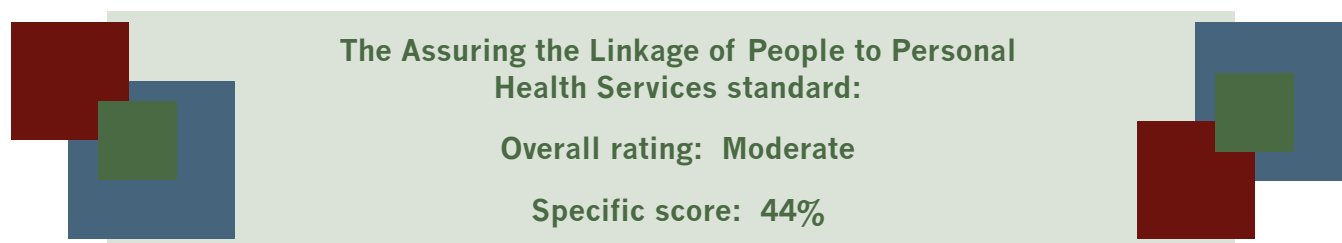
- Making the connection between the population and the service can be a challenge.
- Given language and other barriers, all needs may not be known.
- There is limited distribution of knowledge and information on services.
- There are not enough data on those who have received and need ongoing care, but have not returned for services.
- Populations at risk include undocumented residents, the homeless and mentally ill.

LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

The LPHS supports and coordinates partnerships and referral mechanisms among the community's public health, primary care, oral health, social service, and mental health systems to optimize access to needed personal health services. The LPHS seeks to create innovative partnerships with organizations such as libraries, parenting centers, and service organizations, that will help to enhance the effectiveness of LPHS personal health services.

To accomplish this, the LPHS:

- Links populations to personal health services, including populations who may encounter barriers to care.
- Provides assistance in accessing personal health services in a manner that recognizes the diverse needs of unserved and underserved populations.
- Enrolls eligible beneficiaries in state Medicaid or Medical and Prescription Assistance Programs.
- Coordinates the delivery of personal health and social services to optimize access.



Strengths of Waukesha County's efforts related to Assuring the Linkage of People to Personal Health Services include:

- Services generally exist within the community to serve most of the known needs.
- Populations can usually be linked with an initial service to meet an immediate or known need.
- Programs and services currently exist to link populations with services – including benefits eligibility determination, and information and referral services.

Weaknesses of Waukesha County's efforts related to Assuring the Linkage of People to Personal Health Services include:

- Services are not generally co-located.
- Services are generally not coordinated across the system.
- There are concerns with the readability of information, as well as cultural competence.
- The limited options and range of transportation services may prevent some populations from accessing services, even after being successfully linked.

Essential Service #8: Assure a Competent Public and Personal Health Care Workforce

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

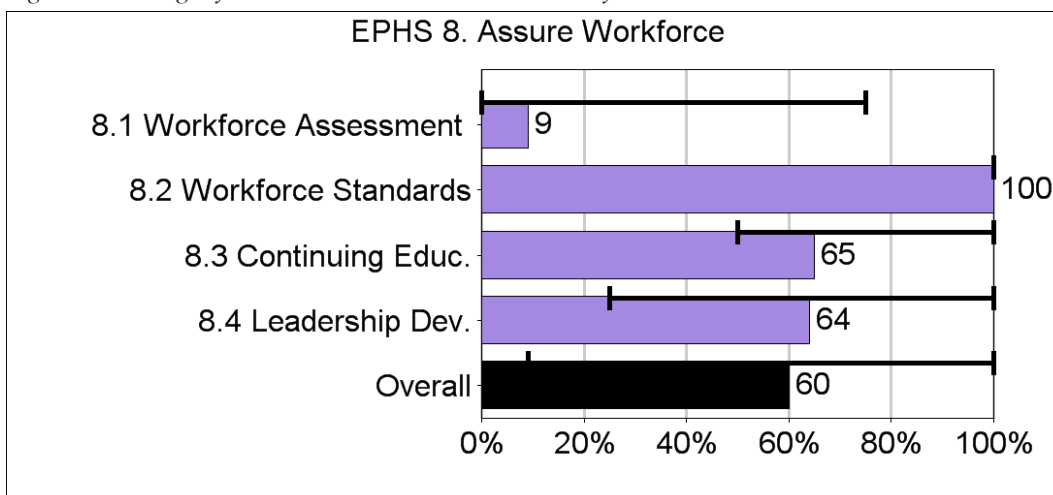
- Assessment of all of the workers within the LPHS (including agency, public and private workers, volunteers, and other lay community health workers) to meet community needs for public and personal health services.
- Maintaining public health workforce standards, including efficient processes for licensure / credentialing of professionals and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

Figure 9 describes the Waukesha County ratings of the Essential Service #8 standards, including:

- Workforce assessment, planning and development.
- Public health workforce standards.
- Life-long learning through continuing education, training and mentoring.

The value (e.g., 9) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #8 averaged 60% (significant).

Figure 9: Ratings of Essential Service #8 (Assure Workforce) Standards



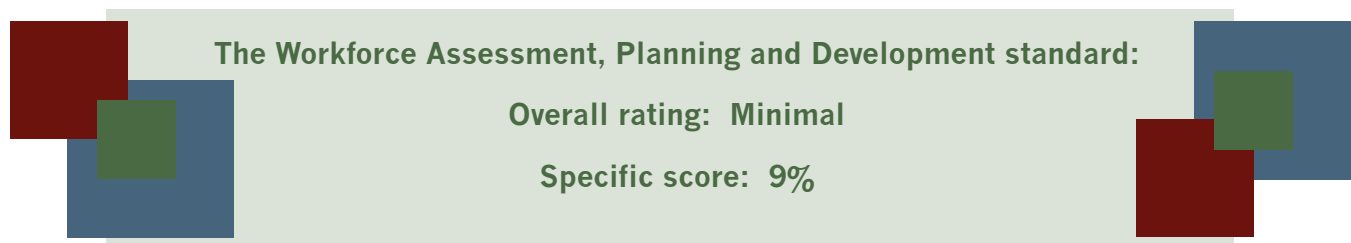
Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 8.1: Workforce Assessment, Planning and Development

Workforce assessment is the process of determining the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve public health and personal health goals. It is a community process that includes the identification of those available to contribute to the provision of the Essential Public Health Services and the particular strengths and assets that each brings. Workforce assessment includes the projection of optimal numbers and types of personnel and the formulation of plans to address identified workforce shortfalls or gaps.

To accomplish this, organizations within the LPHS:

- Establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the Essential Public Health Services.
- Identify and address gaps in the public and personal health workforce, ideally using information from the assessment.
- Distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.



Strengths of Waukesha County's efforts related to Workforce Assessment, Planning and Development include:

- Numerous unique/individual workforce initiatives exist in the community.
- Numerous gaps have been identified.
- Despite lacking a comprehensive assessment, the community has been able to identify gaps and shortfalls, particular related to size of the workforce, and recruitment and retention plans.

Weaknesses of Waukesha County's efforts related to Workforce Assessment, Planning and Development include:

- There is currently no comprehensive inventory or assessment of the entire public health system workforce.
- The data that are available are not centralized.

LPHS Model Standard 8.2: Public Health Workforce Standards

Organizations within the LPHS develop and maintain public health workforce standards for individuals who deliver and/or contribute to the Essential Public Health Services. Public health workforce qualifications include certifications, licenses, and education required by law or established by local, state, or federal policy guidelines. In addition, core and specific competencies that are needed to provide the Essential Public Health Services are incorporated into personnel systems. These standards are linked to job performance through clearly written position descriptions and regular performance evaluations.

To accomplish this, organizations within the LPHS:

- Are aware of and in compliance with guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services.
- Periodically develop, use, and review job standards and position descriptions that incorporate specific competency and performance expectations.
- Evaluate members of the public health workforce on their demonstration of core public health competencies and those competencies specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities.

Workforce standards are essential for each organization within the local public health system, but are particularly important for the local health department (LHD) where a large concentration of public health professionals exists. To fulfill these important obligations, the LHD:

- Develops written job standards and/or position descriptions for all LHD personnel.
- Conducts annual performance evaluations of personnel within the LHD.



The Public Health Workforce Standards standard:

Overall rating: Optimal

Specific score: 100%

Strengths of Waukesha County's efforts related to Public Health Workforce Standards include:

- There is a high level of knowledge and compliance with certification and licensure of the various professionals working in the community's public health system.
- Job descriptions, assessments and personnel evaluations include standards.

Weaknesses of Waukesha County's efforts related to Public Health Workforce Standards include:

- Many individuals are not aware they are part of the public health system.

LPHS Model Standard 8.3: Lifelong Learning through Continuing Education, Training and Mentoring

Continuing education and training include formal and informal educational opportunities. This may encompass distance learning, workshops, seminars, national and regional conferences, and other activities intended to strengthen the professional knowledge and skills of employees contributing to the provision of the Essential Public Health Services. Experienced mentors and coaches are available to less experienced staff to provide advice and assist with skill development and other needed career resources. Opportunities are available for staff to work with academic and research institutions, particularly those connected with schools of public health, public administration, and population health disciplines. Through these academic linkages, the public health workforce, faculty, and students are provided with opportunities for relevant interaction, which enriches both settings.

The complexity of promoting health and preventing disease in a country as diverse as the United States requires the public health workforce to continually learn and apply this new knowledge. The population in the United States continues to be diverse in terms of race, ethnicity, faith beliefs, age, economics, education, life-style preference and other demographic characteristics. Factors such as the social environment, physical environment, economic status, genetic predisposition, behavioral risk factors, and health care also influence health and well-being. An understanding and respect for this diversity and the underlying factors that address health are critical to the performance of all of the Essential Public Health Services. The LPHS respects diverse perspectives and cultural values and expects staff to demonstrate cultural competence in all interactions based on the dignity and value of each individual as a professional colleague or community member.

To accomplish this, organizations within the LPHS:

- Identify education and training needs and encourage opportunities for workforce development.
- Provide opportunities for all personnel to develop core public health competencies.
- Provide incentives (e.g., improvements in pay scale, release time, tuition reimbursement) for the public health workforce to pursue education and training.
- Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.

The Lifelong Learning through Continuing Education, Training and Mentoring standard:

Overall rating: **Significant**

Specific score: **65%**

Strengths of Waukesha County's efforts related to Lifelong Learning through Continuing Education, Training and Mentoring include:

- There is significant commitment and support for lifelong learning provided through a variety of means.
- Numerous learning opportunities are available.

Weaknesses of Waukesha County's efforts related to Lifelong Learning through Continuing Education, Training and Mentoring include:

- There appears to be less opportunity for non-profit organizations in the community to develop and sustain the resources to support continuing education and training.
- It is unclear whether or not the full public health system understands the core competencies.
- There are limited opportunities for interaction between staff from system partners and academic and research institutions.

This group also discussed increasing cross-training of staff and providing a greater number of opportunities for student field placements.

LPHS Model Standard 8.4: Public Health Leadership Development

LPHS leadership is demonstrated by both individuals and organizations that are committed to improving the health of the community. Leaders play a vital role in assuring the creation of a public health system, the implementation of the Essential Public Health Services, and the creation and achievement of a shared vision of community health and well-being. LPHS leadership may be provided by the local governmental public health entity, may emerge from the public and private sectors or the community, or may be shared by multiple stakeholders. The LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, and respectful of the community's perspective.

To accomplish this, the organizations within the LPHS:

- Provide formal (e.g., educational programs, leadership institutes) and informal (e.g., coaching, mentoring) opportunities for leadership development for employees at all organizational levels.
- Promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making.
- Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- Provide opportunities for development of diverse community leadership to assure sustainability of public health initiatives.



Strengths of Waukesha County's efforts related to Public Health Leadership Development include:

- Waukesha County government is good at promoting and supporting participation in leadership training.

Weaknesses of Waukesha County's efforts related to Public Health Leadership Development include:

- Everyone is not always well connected to the existing mechanisms.
- A concern was raised as to whether or not non-profit community organizations have the same opportunities [that the county government has].

This group also discussed the idea of bringing back to the community the concept and opportunity of increasing leadership training opportunities.

Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but more than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

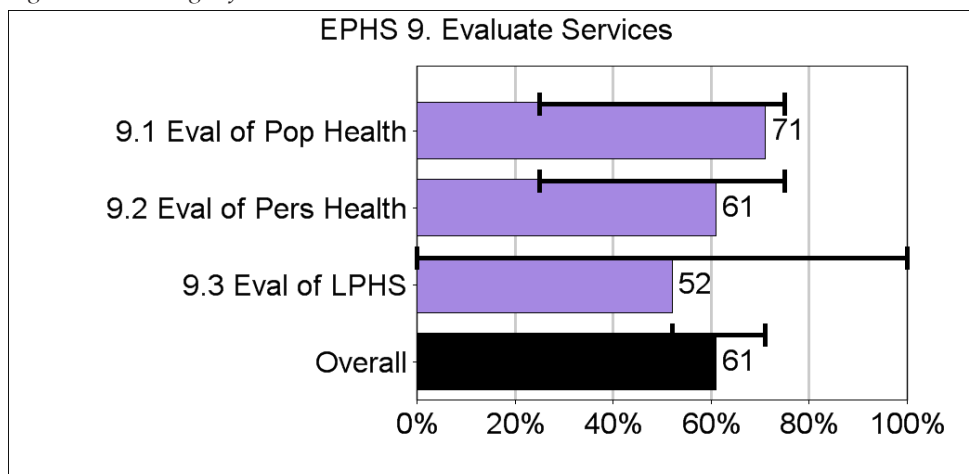
- Evaluating the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- Providing information necessary for allocating resources and reshaping programs.

Figure 10 describes the Waukesha County ratings of the Essential Service #9 standards, including:

- Evaluation of population-based health services.
- Evaluation of personal health services.
- Evaluation of the local public health system.

The value (e.g., 71) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #9 averaged 61% (significant).

Figure 10: Ratings of Essential Service #9 (Evaluate Services) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 9.1: Evaluation of Population-Based Health Services

The local public health system regularly evaluates the accessibility, quality, and effectiveness of population-based health services (e.g., injury prevention, physical activity, immunizations) and progress towards program goals. The LPHS has established performance criteria, or used externally established performance criteria (e.g., Healthy People 2010 objectives or The Guide to Community Preventive Services), to evaluate specific indicators for population-based services. The evaluation of population-based health services is built on the analysis of health status, service utilization, and community satisfaction data to assess program effectiveness and to provide information to allocate resources and reshape programs.

To accomplish this, the LPHS:

- Evaluates population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.
- Assesses community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.
- Identifies gaps in the provision of population-based health services.
- Uses evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.

The Evaluation of Population-Based Health Services standard:

Overall rating: Significant

Specific score: 71%

Strengths of Waukesha County's efforts related to Evaluation of Population-Based Health Services include:

- A number of population-based health services have been evaluated (e.g., tobacco, substance abuse, STD prevention, immunization).
- Healthiest People 2010 is used to establish evaluation criteria.
- There are a number of community meetings and groups to gather input through.
- There is a comprehensive complaint system for all services offered by Waukesha County.
- The Waukesha County Health Report Cards discuss problem areas (and therefore, where population-based health services can be improved).

Weaknesses of Waukesha County's efforts related to Evaluation of Population-Based Health Services include:

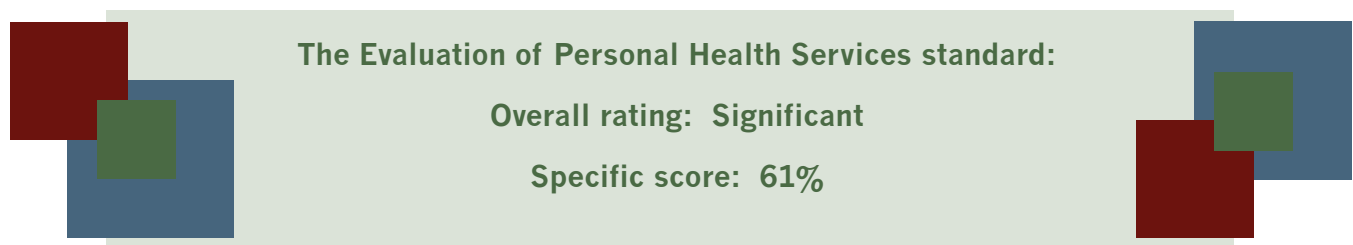
- Data are available, but determining where to access them can be a challenge.

LPHS Model Standard 9.2: Evaluation of Personal Health Services

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services, ranging from prevention services to acute care to hospice care. Special attention is given to the ability of community providers to deliver services across life stages and population groups. An important component of the evaluation is a survey of client satisfaction. The clients surveyed are representative of all actual and potential users of the system. The survey addresses satisfaction with access to the system by populations with barriers to personal health services, usability of the system by all clients, and inclusiveness of services.

To accomplish this, organizations within the LPHS:

- Evaluate the accessibility, quality, and effectiveness of personal health services.
- Evaluate personal health services against established standards.
- Assess the satisfaction of clients (including those at increased risk of negative health outcomes).
- Use information technology to assure quality of personal health services and communication among providers.
- Use evaluation findings to modify their strategic and operational plans and to improve services and programs.



Strengths of Waukesha County's efforts related to Evaluation of Personal Health Services include:

- Some aspects of personal health services have been evaluated.
- Wisconsin is a leader in using information technology to assure quality of personal health services.
- A majority of agencies (e.g., hospital, health care facilities) use electronic records.

Weaknesses of Waukesha County's efforts related to Evaluation of Personal Health Services include:

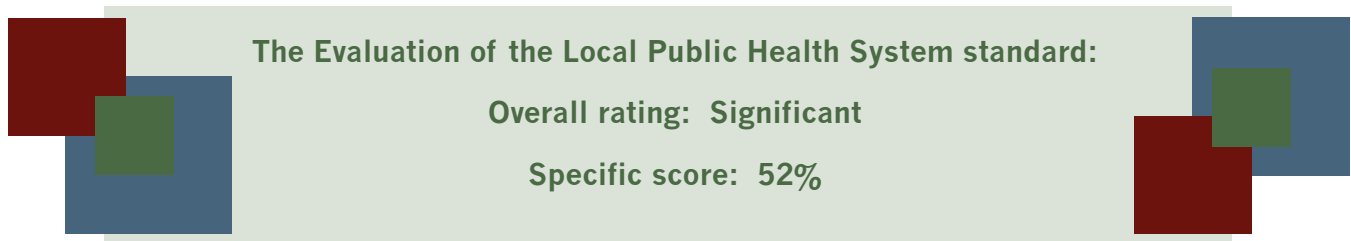
- Some aspects of personal health services have not been evaluated.

LPHS Model Standard 9.3: Evaluation of the Local Public Health System

A local public health system includes all public, private, and voluntary entities, as well as individuals and informal associations that contribute to the delivery of the Essential Public Health Services within a jurisdiction. The evaluation focuses primarily on the performance of the LPHS as a whole. The local governmental public health entity takes a lead role in convening a collaborative evaluation process. Organizations engaged in the evaluation process use established criteria to assess LPHS activities, the achievement of goals, and any lapses in quality. The standards used are consistent with NPHPSP or similar standards. Community perceptions are a vital component of the evaluation. The evaluation findings are regularly used to inform the community health improvement process and to improve services and programs.

To accomplish this, the LPHS:

- Identifies community organizations or entities that contribute to the delivery of the Essential Public Health Services.
- Evaluates the comprehensiveness of LPHS activities against established criteria at least every five years and ensures that all organizations within the LPHS contribute to the evaluation process.
- Assesses the effectiveness of communication, coordination, and linkage among LPHS entities.
- Uses information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.



Strengths of Waukesha County's efforts related to Evaluation of the Local Public Health System include:

- Individual entities/agencies have completed evaluations.

Weaknesses of Waukesha County's efforts related to Evaluation of the Local Public Health System include:

- There has been no system-wide evaluation of the effectiveness of communication, coordination and linkage among LPHS entities.

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

RATING DESCRIPTION

No Activity

0% or absolutely no activity.

Minimal Activity

More than 0% but less than 25% of the activity described within the question is met.

Moderate Activity

More than 25% but less than 50% of the activity described within the question is met.

Significant Activity

More than 50% but less than 75% of the activity described within the question is met.

Optimal activity

Greater than 75% of the activity described within the question is met.

This essential service includes:

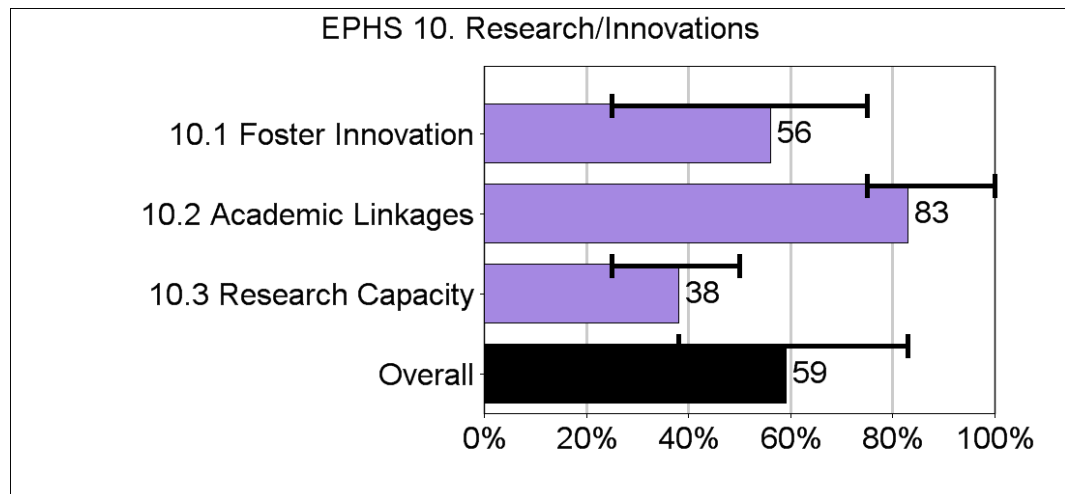
- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to undertake timely epidemiological and health policy analyses and conduct health systems research.

Figure 11 describes the Waukesha County ratings of the Essential Service #10 standards, including:

- Fostering innovation.
- Linkage with institutions of higher learning and/or research.
- Capacity to initiate or participate in research.

The value (e.g., 56) indicates the average score for that standard. The range lines (lines with a vertical bar on both ends) show the range of responses within an essential service. Short range lines indicate a high level of consensus on the achievement of the performance standard. Long range lines indicate a wide spectrum of perspectives on the achievement of the performance standard. Essential Service #10 averaged 59% (significant).

Figure 11: Ratings of Essential Service #10 (Research/Innovations) Standards



Each of the standards, and their identified strengths and weaknesses, are described below.

LPHS Model Standard 10.1: Fostering Innovation

Organizations within the LPHS foster innovation to strengthen public health practice. Innovation includes practical field-based efforts to foster change in public health practice as well as academic efforts to encourage new directions in scientific research.

To accomplish this, organizations within the LPHS:

- Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas.
- Propose public health issues to organizations that do research for inclusion in their research agendas.
- Research and monitor best practice information from other agencies and organizations at the local, state, and national level.
- Encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).

The Fostering Innovation standard:

Overall rating: Significant

Specific score: 56%

Strengths of Waukesha County's efforts related to Fostering Innovation include:

- Some studies have occurred in Waukesha County, and there is quite a bit of quasi-research occurring.
- There is a willingness in the community to share information about what is going on.
- The data are rich.

Weaknesses of Waukesha County's efforts related to Fostering Innovation include:

- Projects that have research potential have not taken that extra step to become research.
- The county board does not always approve grants (which is most frequently how research happens); they may not be aware of the benefits of research grants.
- Conference and travel budgets have been cut, impacting the workforce's ability to keep up with best practices.
- Although the data are rich, there is a gap in the analysis of data and application of results.

This group noted that there may be other projects happening in the state that are similar to those happening in Waukesha County and it would be beneficial to share lessons learned. There is no linking of similar projects across the state (and even locally).

LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research

The LPHS establishes a wide range of relationships with institutions of higher learning and/or research organizations, including patterns of mutual consultation, and formal and informal affiliation. Such relationships can occur with schools of public health as well as with schools and departments of medicine, nursing, pharmacy, allied health, business and environmental science. The LPHS establishes linkages with other research organizations, such as federal and state agencies, associations, private research organizations, and research departments or divisions of business firms. The LPHS links with one or more institutions of higher learning and/or research organizations to co-sponsor continuing education programs.

To accomplish this, the LPHS:

- Develops relationships with these institutions that range from patterns of consultation to formal and informal affiliations.
- Partners with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research.
- Encourages collaboration between the academic/research and practice communities, including field training experiences and continuing education opportunities.



Strengths of Waukesha County's efforts related to Linkage with Institutions of Higher Learning and/or Research include:

- There are a number of existing connections between the community and academia. Some of these are for research, some are for students, and some are for community-based activities (e.g., Heart Healthy Waukesha).

Weaknesses of Waukesha County's efforts related to Linkage with Institutions of Higher Learning and/or Research include:

- There are some challenges in placing nursing students.

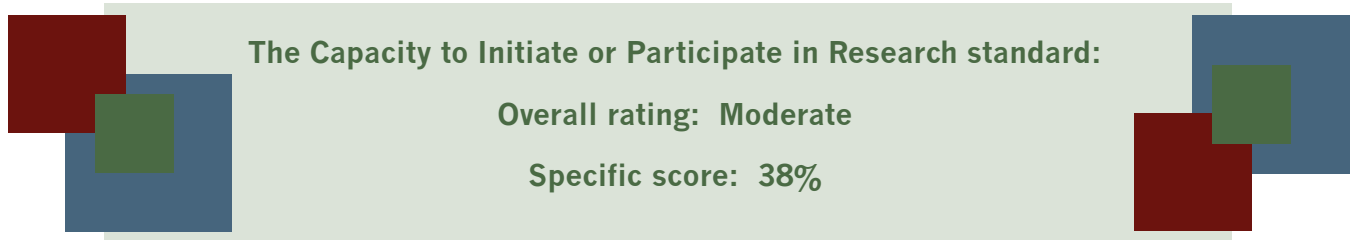
LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research

Organizations within the LPHS initiate and/or participate in research that contributes to epidemiological and health policy analyses and improved health system performance. Health systems research encompasses both population-based and personal health care services research. This research includes the examination of factors related to the efficient and effective implementation of the Essential Public Health Services (public health systems research) as well as the study of variables that influence health care quality and service delivery (health services research).

The capacity to initiate or participate in timely epidemiological, policy, and health systems research begins with ready access to researchers with the knowledge and skill to design and conduct research in those areas. This capacity also includes the availability of resources, such as a technical library, on-line services, and information technology. Capacity also includes facilities for analyses, and the ability to disseminate and apply research findings to improve public health practice.

To accomplish this, the LPHS:

- Includes or has access to researchers with the knowledge and skill to design and conduct health-related studies.
- Ensures the availability of resources (e.g., databases, information technology) to facilitate research.
- Disseminates research findings to public health colleagues and others (e.g., publication in journals, websites).
- Evaluates the development, implementation, and impact of LPHS research efforts on public health practice.



Strengths of Waukesha County's efforts related to Capacity to Initiate or Participate in Research include:

- Some findings from research are being disseminated; there were questions as to whether the location/mechanism of dissemination was optimal.

Weaknesses of Waukesha County's efforts related to Capacity to Initiate or Participate in Research include:

- It was not clear whether or not everyone in the system understood the potential for access to researchers.
- Data are available, however, there are challenges: data systems may be incompatible; data elements may not be consistent; and data may not be immediately accessible or accessible in the geography that is desired.

This group indicated that more attention needs to be paid in this area. The group also recommended that if a researcher is needed in a particular area (e.g., studying nitrates in the water supply) and cannot be accessed, this should be brought up to the Health Council.

VII. Discussion

Performance Standards

The Waukesha County public health system is operating at the highest and second highest levels of performance, based on this assessment. Overall, the public health system is rated at 71%, which is at the significant (second-highest) level. The lowest score was 9% (minimal) for the workforce assessment, planning and development standard (essential service #8). The highest scores were 100% for the workforce standards standard (essential service #8), the plan for public health emergencies standard (essential service #5), and the maintenance of population health registries standard (essential service #1). Nearly one-half of all standards (13 of 30) were at the optimal (highest) level, and only three were at moderate (second lowest) or minimal (lowest) levels.

The Waukesha County Local Public Health System, including all agencies that provide any of the 10 essential services, has a number of strengths, including but not limited to:

- Effective organizations;
- A number of strong partnerships centered around specific issues;
- A substantial amount of data and systems to manage them;
- A strong governmental public health agency, including linkages to environmental health and laboratory services;
- Effective plans in place for emergencies;
- Quality programs;
- Considerable awareness of health issues, populations, services, etc.; and
- The Waukesha County Health Report Card.

In addition, Waukesha County Local Public Health System also has a number of areas for improvement, including but not limited to:

- Programmatic and communication silos between programs/efforts;
- The accessibility, timeliness and linkages of data;
- A public health system-wide approach for partnership and evaluation;
- Gaps in the law in terms of ability to enforce certain situations;
- Gaps in the ability to serve some populations effectively; and
- Maximizing research opportunities.

Overall Process

Evaluations were conducted through multiple mechanisms for both the pilot and full assessment. Evaluation results from the pilot informed the full assessment. The project objectives were achieved in that 89% or more of participants agreed with the following statements:

- The public health system is all public, private and voluntary entities that contribute to public health, health and wellness;
- Community providers and organizations are part of the larger public health system of response in times of natural disaster and intentional bioterrorism; and
- How results from this assessment can be used to improve the local public health system.

A more detailed description of the evaluation results can be found in Appendix C.

VIII. Conclusions

The NPHPSP assessment process engaged over 80 individuals from across the county and from over 40 entities. The pilot and full assessment offered a review of current successes, challenges, resources and gaps, and provide the data from which to utilize strengths to address gaps. The Waukesha County public health system is strong, operating at a significant (second highest) level, with a number of areas at the optimal (highest) level. As a result of the assessment, participants defined public health more broadly, recognized the role of community providers and organizations in times of crisis, and appreciated how results from this assessment can be used to improve the local public health system.

IX. Recommendations

Based on the results of this assessment process, Waukesha County's public health system can:

- Disseminate the results through the Waukesha County Health Council and other community venues;
- Continue to build on the strengths of the system;
- Develop plans to address all of the three minimally- to moderately-rated standards: workforce assessment; assure linkages to health services; research capacity;
- Identify three standards rated significant and develop plans to enhance them; and
- Incorporate these results into a Waukesha County community health improvement plan and process.



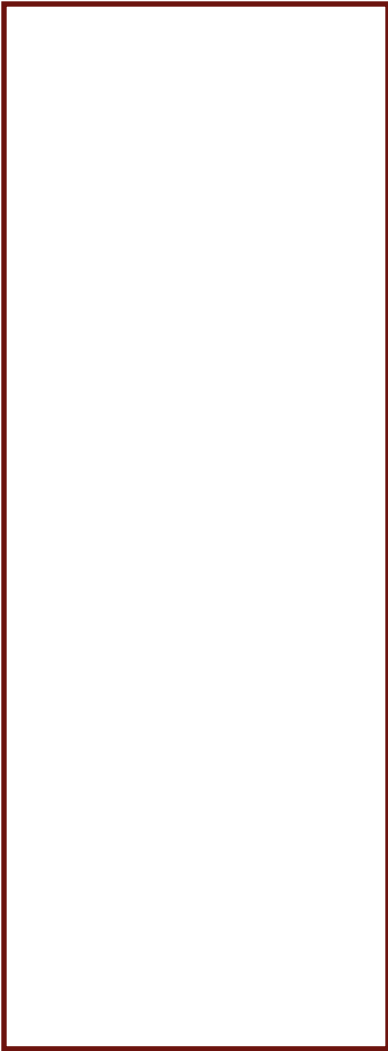
X. Appendices

Appendix A: NPHPSP LPHS Performance Report Results

**Appendix B: Notes from the Assessment of the
Essential Services**

Appendix C: Evaluation Results





Appendix A: NPHPSP LPHS Performance Report Results



Appendix A: NPHPSP LPHS Performance Report Results

The National Public Health Performance Standards Program Local Public Health System Performance Assessment Report of Results

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B. Performance Assessment Instrument Results

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- II. How well did the system perform on specific Model Standards?
- III. Overall, how well is the system achieving optimal activity levels?

Appendix

Resources for Next Steps

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our jurisdiction?” The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a collaborative effort of seven national partners:

- » Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- » American Public Health Association (APHA)
- » Association of State and Territorial Health Officials (ASTHO)
- » National Association of County and City Health Officials (NACCHO)
- » National Association of Local Boards of Health (NALBOH)
- » National Network of Public Health Institutes (NNPHI)
- » Public Health Foundation (PHF)

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2010). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or “gold standard” - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or “stem” question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm>.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department’s contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system.

Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore “Root Causes” of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, “After We Complete the Assessment, What Next?” for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system’s greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide “range bars” which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment

process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole “roadmap” to answer the question of what a local public health system’s performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See “Resources for Next Steps” for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department’s contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system’s priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
Monitor Health Status To Identify Community Health Problems	92
Diagnose And Investigate Health Problems and Health Hazards	88
Inform, Educate, And Empower People about Health Issues	64
Mobilize Community Partnerships to Identify and Solve Health Problems	64
Develop Policies and Plans that Support Individual and Community Health Efforts	87
Enforce Laws and Regulations that Protect Health and Ensure Safety	78
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	57
Assure a Competent Public and Personal Health Care Workforce	60
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	61
Research for New Insights and Innovative Solutions to Health Problems	59
Overall Performance Score	71

Figure 1: Summary of EPHS performance scores and overall score (with range)

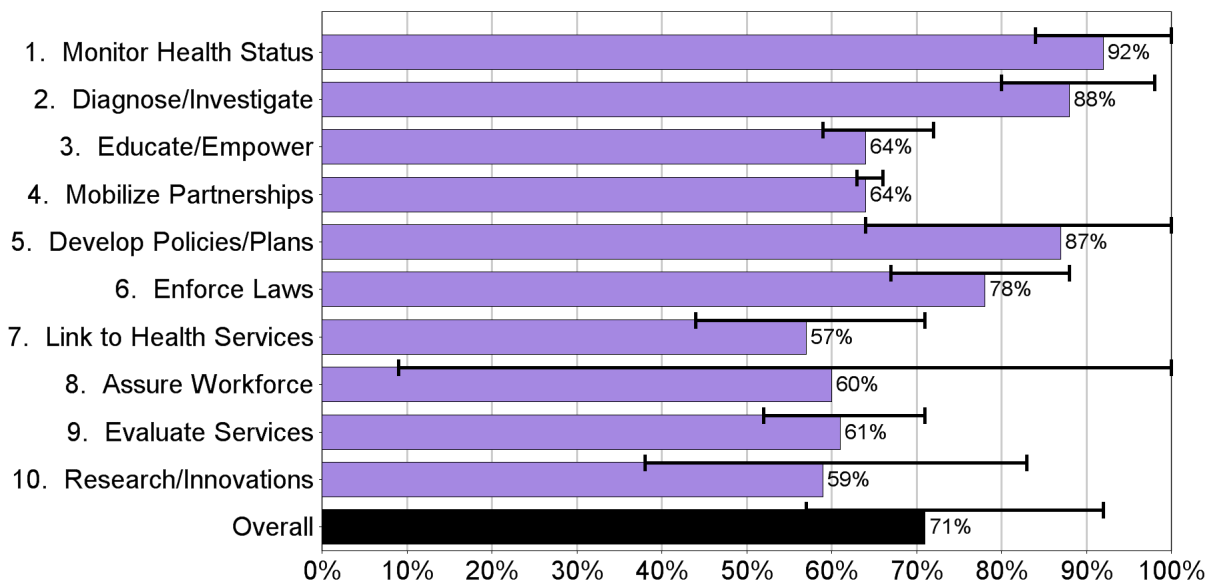


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

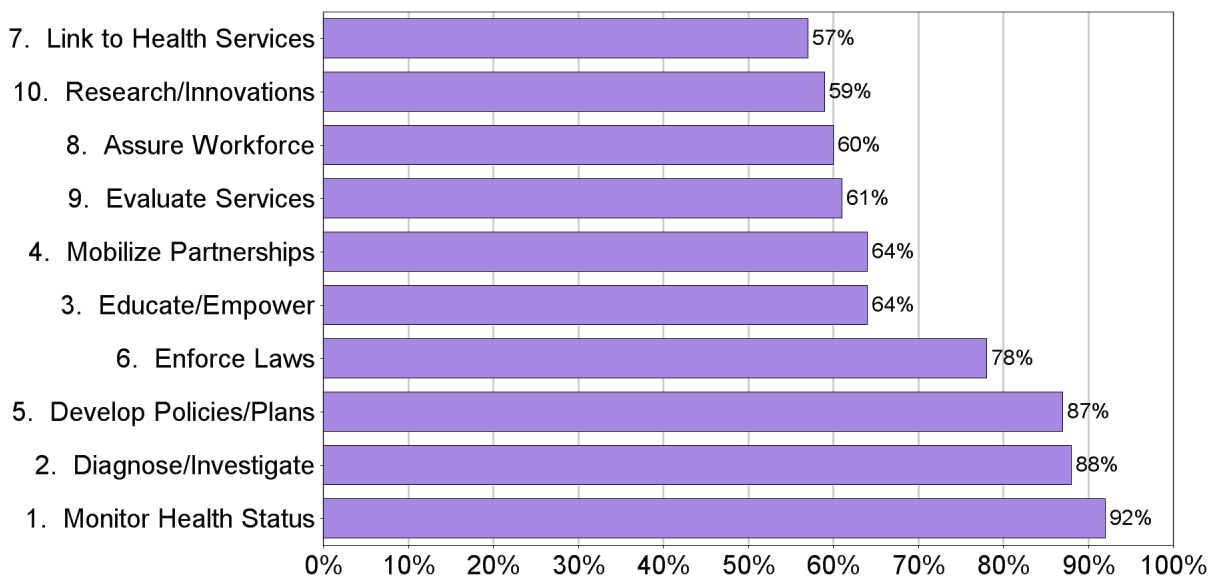


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

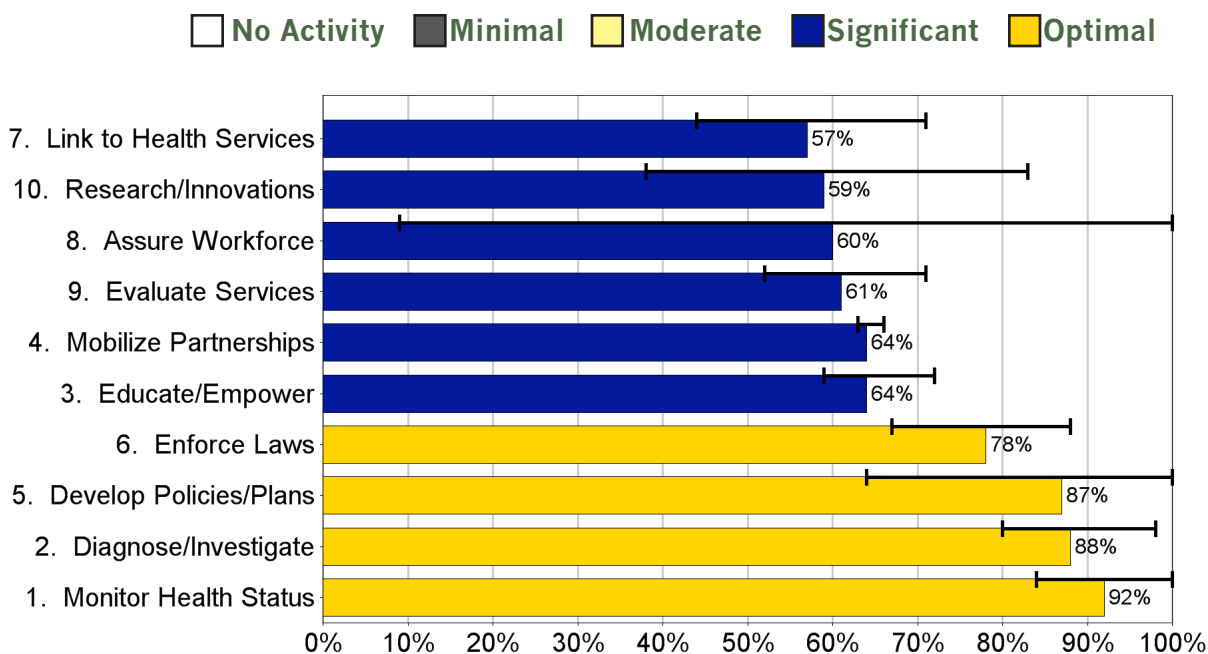


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

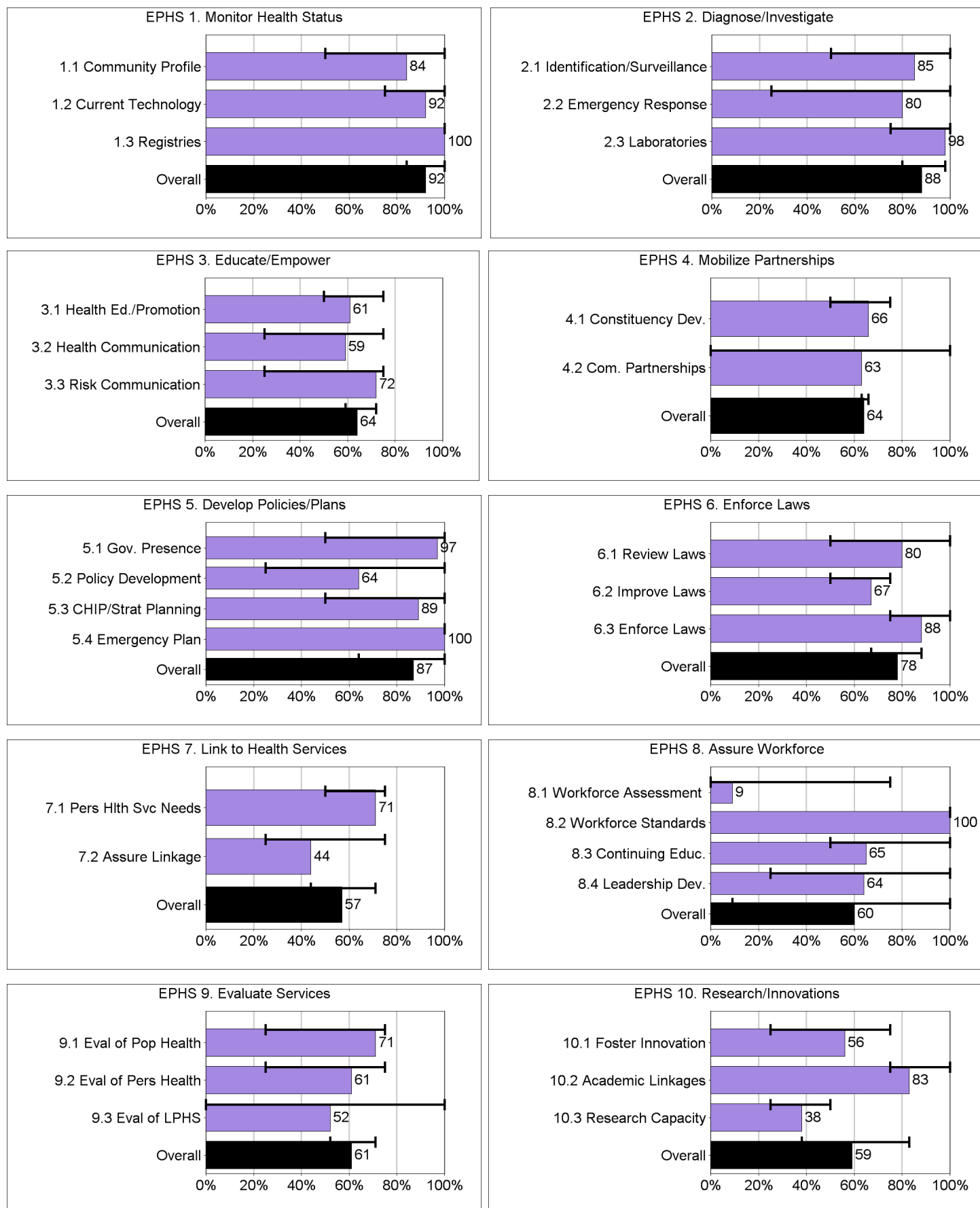


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	92
1.1 Population-Based Community Health Profile (CHP)	84
1.1.1 Community health assessment	100
1.1.2 Community health profile (CHP)	93
1.1.3 Community-wide use of community health assessment or CHP data	58
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	92
1.2.1 State-of-the-art technology to support health profile databases	100
1.2.2 Access to geocoded health data	100
1.2.3 Use of computer-generated graphics	75
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	88
2.1 Identification and Surveillance of Health Threats	85
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	92
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	63
2.2 Investigation and Response to Public Health Threats and Emergencies	80
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	73
2.2.2 Current epidemiological case investigation protocols	82
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	72
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	98
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	94
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	64
3.1 Health Education and Promotion	61
3.1.1 Provision of community health information	63
3.1.2 Health education and/or health promotion campaigns	71
3.1.3 Collaboration on health communication plans	50
3.2 Health Communication	59
3.2.1 Development of health communication plans	38
3.2.2 Relationships with media	71

Essential Public Health Service	Score
3.2.3 Designation of public information officers	69
3.3 Risk Communication	72
3.3.1 Emergency communications plan(s)	75
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	63
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	64
4.1 Constituency Development	66
4.1.1 Identification of key constituents or stakeholders	69
4.1.2 Participation of constituents in improving community health	69
4.1.3 Directory of organizations that comprise the LPHS	75
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	63
4.2.1 Partnerships for public health improvement activities	71
4.2.2 Community health improvement committee	90
4.2.3 Review of community partnerships and strategic alliances	28
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	87
5.1 Government Presence at the Local Level	97
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	90
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	100
5.2 Public Health Policy Development	64
5.2.1 Contribution to development of public health policies	83
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	58
5.3 Community Health Improvement Process	89
5.3.1 Community health improvement process	78
5.3.2 Strategies to address community health objectives	88
5.3.3 Local health department (LHD) strategic planning process	100
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	78
6.1 Review and Evaluate Laws, Regulations, and Ordinances	80
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100

Essential Public Health Service	Score
6.1.3 Review of laws, regulations, and ordinances	72
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	67
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	88
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	81
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	83
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	75
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	57
7.1 Identification of Populations with Barriers to Personal Health Services	71
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	63
7.2 Assuring the Linkage of People to Personal Health Services	44
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	25
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	60
8.1 Workforce Assessment Planning, and Development	9
8.1.1 Assessment of the LPHS workforce	0
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	27
8.1.3 Dissemination of results of the workforce assessment / gap analysis	0
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	65
8.3.1 Identification of education and training needs for workforce development	95
8.3.2 Opportunities for developing core public health competencies	54
8.3.3 Educational and training incentives	63

Essential Public Health Service	Score
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	64
8.4.1 Development of leadership skills	69
8.4.2 Collaborative leadership	88
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	25
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	61
9.1 Evaluation of Population-based Health Services	71
9.1.1 Evaluation of population-based health services	69
9.1.2 Assessment of community satisfaction with population-based health services	66
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	75
9.2 Evaluation of Personal Health Care Services	61
9.2.1. In Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	50
9.2.4 Information technology to assure quality of personal health services	56
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	52
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	58
9.3.3 Evaluation of partnership within the LPHS	0
9.3.4 Use of LPHS evaluation to guide community health improvements	50
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	59
10.1 Fostering Innovation	56
10.1.1 Encouragement of new solutions to health problems	50
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10.3.1 Access to researchers	50
10.3.2 Access to resources to facilitate research	25
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	25

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

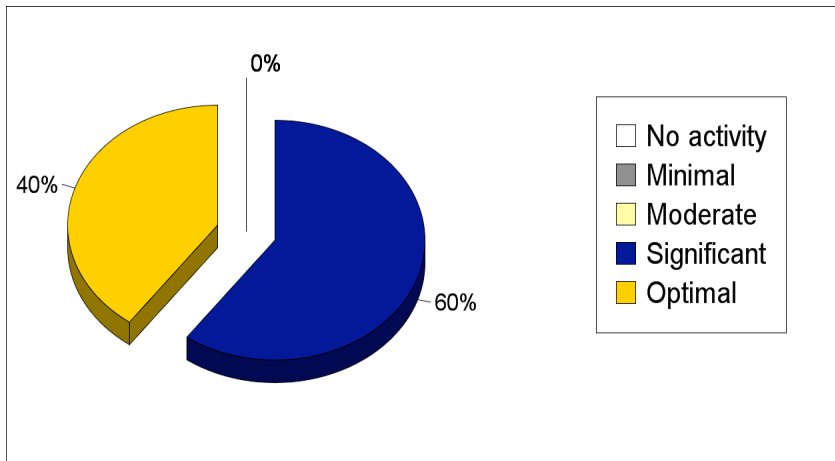


Figure 5 displays the percentage of the system's Essential Services scores that falls within the five activity categories. This chart provides the site with a high level snapshot of the information found in Figure 3.

Figure 6: Percentage of model standards scored in each level of activity

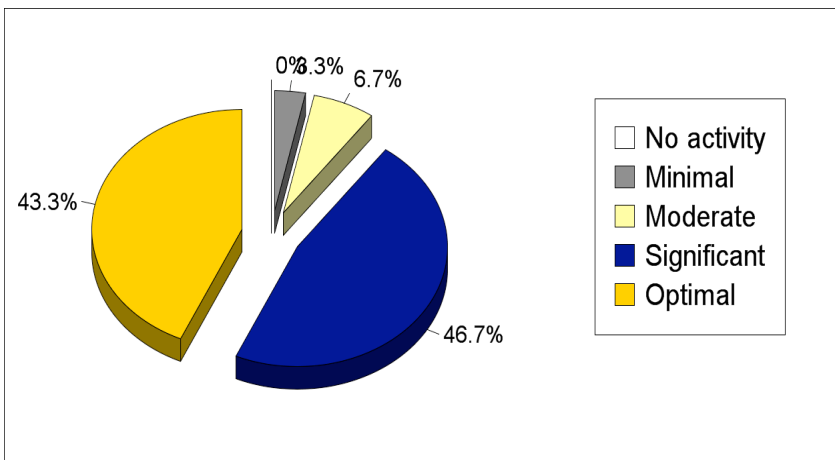


Figure 6 displays the percentage of the system's model standard scores that falls within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

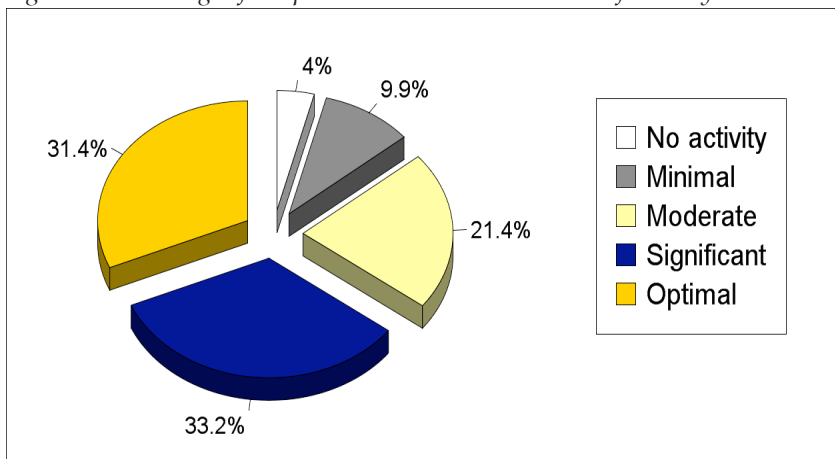
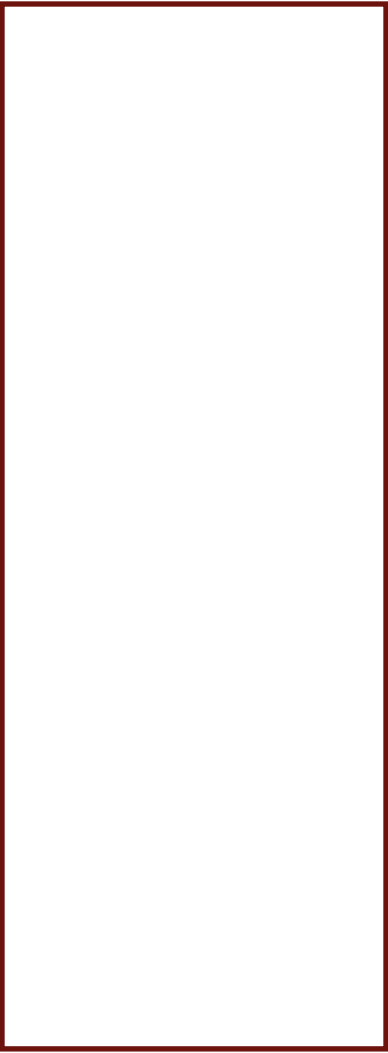


Figure 7 displays the percentage of all scored questions that falls within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in Figures 5 and 6.

APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, “After We Complete the Assessment, What Next?” describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) under the “Post Assessment/Performance Improvement” link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation’s online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standard, essential public health service, and keyword. Alternately, users may read or print the resource guides available on this site.
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2-3pm ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) for more information.
- **Improving Performance Newsletter and the Public Health Infrastructure Resource Center at the Public Health Foundation** - This website (www.phf.org/performance) presents tools and resources that can help organizations streamline efforts and get better results. A five minute orientation presentation provides an orientation on how to access quality improvement resources on the site. The website also includes information about the Improving Performance Newsletter, which contains lessons from the field, resources, and tips designed to help NPHPSP users with their performance management efforts. Read past issues or sign up for future issues at: www.phf.org/performance.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.



Appendix B: Notes from the Assessment of the Essential Services



Appendix B: Notes from the Assessment of the Essential Services

Discussion of each Essential Service standard was documented by a recorder. The notes from those discussions are included here.

Essential Service #1: Monitor Health Status to Identify Community Health Problems

Model Standard 1.1: Population-Based Community Health Profile	
1.1.1. Conduct regular community health assessments to monitor progress towards health-related objectives.	<p>Observations</p> <ul style="list-style-type: none">• The group assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none">• The Waukesha County Health Report Card is published every three years, and includes some data tracking over time. <p>Areas for Improvement</p> <ul style="list-style-type: none">• There are gaps in data for the Health Report Card.• There are opportunities to increase the visibility and distribution of the Health Report Card. <p><i>Recommendation: In the Health Report Card, include links where more in-depth, related data can be found.</i></p>
1.1.2 Compile and periodically update a community health profile using community health assessment data.	<p>Observations</p> <ul style="list-style-type: none">• Scores ranged from moderate to optimal; solid optimal scores were in the areas of data related to maternal and child health; death, illness, and/or injury; and communicable disease.• Quality of life data and social and mental health data scored more moderate than others. <p>Strengths</p> <ul style="list-style-type: none">• There are a lot of data available. <p>Areas for Improvement</p> <ul style="list-style-type: none">• Data may not be readily accessible or in a desired form.
1.1.3 Promote community-wide use of the community health profile and/or assessment data and assure that this information can be easily accessed by the community.	<p>Observations</p> <ul style="list-style-type: none">• The group assessed this standard primarily at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none">• Information is readily available to the community.• There are media strategies in place. <p>Areas for Improvement</p> <ul style="list-style-type: none">• Information is not widely publicized (in part because of funding).

Note: The group discussed the potential for a number of improvements to the Health Report Card in the future, including adding more health profile information and creating summary sheets that would be population or health issue-specific (this would be done to help promote visibility of specific statistics to certain audiences, as in 1.1.3).

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data	
1.2.1 Use state-of-the-art technology to collect, manage, integrate, and display health profile databases.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level.
1.2.2 Have access to geocoded data for geographic analysis.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • Weekly reports from the state, by region, are available. • Data can be geocoded. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • More can be done with geocoding of data.
1.2.3 Use computer-generated graphics to identify trends and/or compare data by relevant categories (i.e., race, gender, age group).	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • More can be done with displaying available data graphically.

Model Standard 1.3: Maintenance of Population Health Registries	
1.3.1 Maintain and regularly contribute to population health registries using established criteria to report identified health events.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • There are strict data reporting standards at the state and federal level.
1.3.2 Use information from one or more population health registries.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level.

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Model Standard 2.1: Identification and Surveillance of Health Threats	
2.1.1 Participate in integrated state, local and national surveillance system(s) that identify and analyze health problems and threats.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant to optimal levels. • Waukesha County's Environmental Health Division is part of the Parks and Land Department (rather than in the Public Health Division). <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha County is integrated with the Wisconsin Electronic Disease Surveillance System (WEDS). • A number of cases in which the public health system responded optimally were shared. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The data collection for EMS services is inconsistent between providers. • Chronic disease surveillance systems are not integrated. • There are limitations in data, including accessing data from the state. • Integration between surveillance systems is effective in some cases and not so in others. <p><i>Recommendation: Make real time data available.</i></p>
2.1.2 Collect timely reportable disease information from community health professionals who submit information on possible disease outbreaks.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. (They interpreted "reportable" to reflect communicable diseases.)
2.1.3 Utilize human and technological resources to support surveillance and investigation activities, including state-of-the-art information technology and communication systems, as well as Masters and/or Doctoral level statistical and epidemiological expertise to assess, investigate, and analyze health threats and health hazards.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha County Public Health Division has a person who has time dedicated to communicable disease. The non-governmental community also brings some related resources. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • This is not a robust system and we need to educate people about this. • GIS services are available but underutilized (primarily due to bulky data).

Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies	
2.2.1 Maintain written protocols to implement a program of case finding, contact tracing and source identification and containment for communicable diseases or toxic exposures.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • Communicable disease and some environmental health protocols (e.g., water testing) are very strong. • There is a protocol for situations in which the Public Health Division does not have a protocol (or determines the situation is out of their scope). <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Some environmental health protocols (e.g., asbestos) could be improved.
2.2.2 Develop written protocols for the immediate investigation of public health threats and emergencies, including natural and intentional disasters.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. • Not all biological agents are known (and therefore protocols are not in place).
2.2.3 Designate an Emergency Response Coordinator.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the optimal level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The coordinator is spread too thin. • More could be done with the Hispanic community.
2.2.4 Identify personnel with the technical expertise to rapidly respond to potential biological, chemical, or radiological public health emergencies.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels in some cases (access to personnel) and at the minimal to moderate level in other cases (capacity to mobilize professionals and volunteers quickly). <p>Strengths</p> <ul style="list-style-type: none"> • The 2008 flood response was very quick and effective. • Access to response personnel within one hour is a CDC measure and has been tested in Waukesha County. • There is 'citizen emergency response training' that will help in future emergencies. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • In the Wal-Mart store example, much information was not clear and some information that was available was not shared. • Funding and resources are decreasing every year. • There are questions about the 'surge capacity' of the system. • Increased Hispanic translator services are needed.
2.2.5 Evaluate incidents for effectiveness and opportunities for improvement.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed that quality improvement actions are taken after emergencies at an optimal level, but that incorporation of those findings into future plans was moderate to significant.

Model Standard 2.3: Laboratory Support for Investigation of Health Threats	
2.3.1 Maintain ready access to laboratories capable of meeting routine diagnostic and surveillance needs.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the optimal level.
2.3.2 Maintain ready access (24-hours-per-day / 7 days-per-week) to laboratories capable of supporting investigations of public health threats, hazards and emergencies.	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha County has had “excellent” experiences with the State Laboratory of Hygiene. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Sometimes laboratory services on the weekend are not available.
2.3.3 Confirm that laboratories are in compliance with regulations and standards through credentialing and licensing agencies.	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level.
2.3.4 Maintain guidelines or protocols to address the handling of laboratory samples, which describe procedures for storing, collecting, labeling, transporting, and delivering laboratory samples, and for determining the chain of custody regarding the handling of these samples, as well as reporting findings.	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level.

Essential Service #3: Inform, Educate, and Empower Individuals and Communities About Health Issues

Model Standard 3.1: Health Education and Promotion	
3.1.1 Provide the public, policymakers, and stakeholders with information on community health status and health needs in the community, as well as information on policies and programs that can improve community health.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • For people who are “networked”, the information is readily available. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • For the general public or those who are not “networked” it can be difficult to find the information. <p><i>Recommendation: Do a survey to determine how well-utilized the Health Report Card data are.</i></p>
3.1.2 Plan, conduct and evaluate targeted health education and health promotion activities to develop and enhance knowledge and attitudes and assist in lowering risk or changing negative behaviors.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • A significant number of community-based health education and/or health promotion efforts were identified: Waukesha dental program for third graders; mandated health classes in 8th, 9th and 11th grades; hospital-supported men’s and women’s programs (many are free); business-supported programs (screenings, health education, wellness, immunizations, learning circles); Chamber of Commerce wellness efforts; Hispanic Resource Center cardio program; numerous programs for the aging; tobacco-free coalition and efforts; health food community garden; Community Outreach Health Clinic & Flu clinics being offered by Community Memorial Hospital. • United Way Impact evaluations are very rigorous. • Some basic information related to health promotion is collected on a regular basis. • Local TV channels are highlighting local issues. • Low grades on health report card are looked at more closely. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is a need for more coordination between efforts. • Some efforts (e.g., screenings) are focused on the identification of illness and not the prevention of illness. More on prevention is needed. • Some programs are not community-specific. • Some programs are being done to prevent crises, although the public is not really aware of them (e.g., supporting parents with their newborns (versus waiting until the child starts school), reaching older individuals before they are in crisis). • If evaluations are occurring, they are seldom heard about. • It’s not clear if people are using best tools for their efforts.

Model Standard 3.1: Health Education and Promotion

3.1.3 Work with other entities within the system on health education and health promotion activities that facilitate healthy living in healthy communities.

Observations

- The group assessed this standard at the moderate to significant levels.
- The group modified 3.1.3 to add the word ALL before the second vote.

Strengths

- ProHealth and the Hispanic Resource Center combined one of their programs recently, and this has reduced duplication.
- The nutrition coalition brings some non-profits together.
- Caregivers support collaboration within the community.
- Shorthaven in Oconomowoc is a collaboration with hospitals and churches.

Areas for Improvement

- The for-profit and non-profit sectors are still somewhat separate.
- Some duplication still exists (e.g., mental health mailings).
- Collaboration is in niches; it's not across the board.
- It was noted that everyone can't come together all of the time; it's not realistic.

Model Standard 3.2: Health Communication

3.2.1 Develop health communication plans addressing media and public relations, as well as guidelines for sharing information among stakeholders.

Observations

- The group assessed this standard primarily at the minimal to moderate levels.

Strengths

- Plans are in place for: disasters, meningitis, Report Card.
- EMS and hospitals communicate so that EMS knows which hospital to transport to (based on bed capacity).
- The public knows to look to the internet or TV to find out about school closings.
- There is a public information network; physicians receive information through a blast fax.
- 211 information is available on a recorded line.
- A hospital system communication plan is set up.
- Some formats for communications are prepared in advance (e.g., preparedness releases).

Areas for Improvement

- Prepared formats for many kinds of communication are not prepared in advance.
- Media can sometimes cause panic when information is leaked inappropriately.
- There are not many examples of communications around promotion and wellness.

Model Standard 3.2: Health Communication

<p>3.2.2 Utilize relationships with media channels (e.g., print, radio, television, Internet) to share health information with general and targeted audiences.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • TV has covered a number of stories well: recommendations for behaviors in hot conditions; regular morning interviews with doctors; vaccine information (drug companies make this happen). • There are plans for crises. • Newspapers do special interest stories and columns. • Hospitals have protocols in place to route questions appropriately. • Workplaces get wellness information out there. • Tracking of public inquiries is generally in place: home care hospice; hospitals (assumed); nurse-on-line/ call; 211 records. • Waukesha County is involved in a consortium that releases regional data to public agency representatives that release messages to media outlets. That is different then how local topics are shared. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • It is not always clear that the TV or other media are reaching the audience that needs to hear the message; there are limits. • There is not an evaluation mechanism to determine effectiveness of media outreach. • There are no plans in place for general issues. • Non-profits frequently do not have the funds to do special promotions for non-crisis activities. • Some promotions on general issues can get bumped when a crisis occurs. • Coordination is in silos; each entity does their own thing.
<p>3.2.3 Identify and train spokespersons on public health issues.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant to moderate levels. <p>Strengths</p> <ul style="list-style-type: none"> • Hospitals have designated individuals to speak to the media. • There is some coordination with police and fire. <p><i>Recommendation: Messaging can be coordinated.</i></p>

Model Standard 3.3: Risk Communication

<p>3.3.1 Develop an emergency communications plan to effectively create and disseminate materials for each state of crisis according to recognized theories and methods.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • County and regional plans are in place for emergencies. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Although county and regional emergency plans are in place, not everyone knows they are in place. (Example: where to send people with basement mold concerns after flooding.) • This is always a work in progress.
<p>3.3.2 Ensure adequate resources to enable a rapid emergency communications response.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level.

Model Standard 3.3: Risk Communication	
3.3.3 Provide crisis and emergency communications training for employees and establish protocols for the dissemination of public information and instructions during a public health emergency.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level.
3.3.4 Maintain current, accurate 24 hours-per-day, 7 days-per-week contact information and collaborative relations with news media, public information officers (PIOs), and partners.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level.

Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

Overall comments:

Examples of partnerships:

- The Health Council is instrumental in keeping information up to date.
- Hispanic health fair. It started small and grew with the addition of partners.
- A preparedness team meets monthly and involves public health, Community Memorial Hospital, police departments and others.
- Oconomowoc Chamber has businesses and health service providers that make resources available.

Other comments:

- It sounds like there are a lot of things happening in the county, but there is not a singular place for resources. If you are in a coalition you are in that network. Information is picked up through networking; there is not a general intense disseminating of information. Silos exist, but bridges between them are not deliberate.
- There are pockets in the county where resources are not available. These are mostly rural. Additionally, there are concentrations of activities with gaps.
- Smaller organizations are adept at learning who does what and see how to make connections. Bigger organizations are able to develop communication mechanisms themselves.
- It is confusing for people to know where to go.
- Public libraries are an outlet for dissemination.
- Not everyone can get to events because of time and transportation.
- Web-based dissemination of information is popular, but everyone doesn't have access to that.
- Web-based information is siloed too; materials are duplicated.
- The intent of 211 was supposed to be one stop shopping; it's not there yet.
- 211 is filling a role, but many don't know it exists. It is good for seniors because they can use the phone to access 211.
- It is not fair for 211 to be considered a one-stop-shop.
- Most of us don't use electronic devices like the younger generation. Kids have it figured out quickly. They expect communication delivered that way, and they don't read pamphlets.

Model Standard 4.1: Constituency Development

4.1.1 Have a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).

Observations

- The group assessed this standard at the moderate to significant levels.
- Overarching question: How is the general community's quality of life? Where do health concerns fit in? People are coming to us. How do we reach the people who aren't coming to us?

Strengths

- The local public health system has a process in some areas. That process is very good, but not as developed and it doesn't happen everywhere. What is going on is good.
- Waukesha County has a large and good set of alcohol and other drug abuse treatment providers.
- As individual agencies, each agency does a good job of reaching constituents – providers, clients, schools.
- A crisis plan exists.
- The county put information on their web-site and distributed it through the media. It is not perfect, but information was available.
- The first test of the 211 system was with the floods, and the system passed the test. A year later we have come far to build bridges with communicating. It is a changing and growing system.
- There is strength in the processes developed.
- 211 was identified as a great resource, particularly for community-based agencies who share it liberally.
- 211 members have direct access to the 211 database online.
- Improvements across the system are in process.
- The Senior resource guide is a great resource, as is the nurse-online.
- The Division of Public Health has a lot of resources available.
- Numerous lists [of resources] are available.
- If someone gets connected to an organization, the organization can get the person to the appropriate organization (if they are not the appropriate one). In other words, the organizations are frequently familiar with each other and effectively refer.
- Funding, due to it frequently being so specific, does address specific health care needs.
- Agencies' assessment and referral processes generally work well. When people come in, they are asked questions and they receive information on where they need to go; a good model does exist. (It is imperfect, but it does a good job of looking at person as a whole and lets them know easy steps to take.)
- The ADRC has plans to ask people to look to the future and identify what they may need now to plan for then.
- The Chamber is focused on getting information out to small and medium sized businesses; they are particularly focused on general wellness information.
- Some documentation of (counting of) individuals and their concerns is occurring.
- Health screenings through ProHealth Care are occurring at church events.
- Flu Clinics are an opportunity to connect with people and refer them to physicians as appropriate.
- Usually once a person identifies the specific need, and accesses the appropriate agency, the services are available.
- Workplace settings have information.

Model Standard 4.1: Constituency Development

4.1.1 Have a process to identify key constituents for population-based health in general and for specific health concerns (e.g., a particular health theme, disease, risk factor, life stage need).

Areas for Improvement

- Processes are not in place in many areas.
- Agencies don't always know who to send clients to.
- Although Waukesha County has a large and good set of alcohol and other drug abuse treatment providers, there are still gaps and all concerns are still not being addressed.
- Although each agency does a good job of reaching constituents – providers, clients, schools – it is unclear how well the system as a whole is doing.
- Although a crisis plan exists, there were many who didn't know about it, and many who didn't know that 211 had information.
- Although 211 is the proposed system for tracking information and resources, many do not know about it (including some in the room).
- The public is not very involved in developing the processes. The public only pays attention when they are in crisis, and may not even remember previously-distributed information at that time.
- The county web-site is not user friendly. (It will be updated at the end of the year.)
- It is all fragmented – there is no database that combines everything.
- Realistically it is difficult to know just what each agency is doing.
- One challenge of 211 is keeping data up to date. The list is kept, but it isn't kept current. If someone had a frustrating experience, it is because the list is not current.
- It seems like the general population finds out information by chance, except when it comes to crisis. The system does not do a good job at distributing general information.
- In terms of flooding questions, people got sent to 6 different places because it wasn't clear where they should go.
- In terms of community outreach, the majority of people don't know where to start. It is not only elderly, but also families having difficulties. No one has it all figured out.
- Funding for activities is very siloed. Dollars are available for specific things. General activities like socialization can't get funding so they don't happen.
- Frequently, until there is a crisis, people don't call ahead and ask about resources. Prevention information doesn't matter until an event happens and people need help.
- Transportation is not available all over the county. Because of that people can not maintain their social health, which is part of true quality of life. Quality of life isn't being assessed when they walk in the door.
- Tracking/Identifying people should be occurring. Does that documentation exist? It is in spots but it is not coordinated. 211 has it but not everyone is doing it the same way.
- In most cases, the system relies on individuals to self-identify.
- It is often the case that once a person is in the system, things are okay – but there are challenges with getting them into the system. The system misses a lot of individuals.

Recommendation: There is a strong push for people with cardiac issues to be screened for depression. This is a case of taking a risk factor and linking it to other issues, and pushing the system to identify for the other issues as well.

Recommendation: Integration of psychiatrists in physician offices.

Model Standard 4.1: Constituency Development

4.1.2 Encourage the participation of its constituents in community health activities, such as in identifying community issues and themes and engaging in volunteer public health activities.

Observations

- The group assessed this standard primarily at the significant level.

Strengths

- A number of communities have police social workers and that is a great thing.
- Public hearings are available for the public to voice concerns.
- Public health has a standing invitation to meet with the GIS staff.
- Student perspective – There are initiatives to promote information to agencies. Not much about prevention is done.
- Agencies are very self-critical of themselves, and agencies also need to move to more evaluation/comparison with external groups.
- People in Waukesha County are very willing to volunteer; volunteers are respected and honored. (There is always room for improvement, but generally the system is doing a great job with volunteers.)
- There is support through different avenues, but it is a challenge to get volunteers.
- In the recruitment, promotion and retention of volunteers, more time is spent recruiting/requesting than working with volunteers.
- There are many opportunities to volunteer; efforts are made to maintain those opportunities.
- Churches have a huge number of people who volunteer at food pantries, meal sites, and number of community agencies for the less fortunate. The system needs to look at a broader picture – there are many people who volunteer. Volunteers are not always only at the organizations at the table.

Areas for Improvement

- A social worker was attached to the police department but the position was cut. Information no longer comes down to police departments and the community link is lost.
- The system does encourage participation, but that is not done across the board.
- There is support through different avenues, but it is a challenge to get volunteers.
- Student perspective – There are initiatives to promote information to agencies. Not much about prevention is done.
- At least one individual in attendance had a difficult time trying to volunteer in Waukesha County (agencies had the help they needed).
- Volunteers need to have staff to support them to retain them. (Implication: with decreased funding for any unique organization, supporting the volunteers can be a challenge.)
- There is need in Waukesha County. The face of volunteers is changing. Volunteers are baby boomers who want to spend 1 hour serving, not make an ongoing commitment.

Model Standard 4.1: Constituency Development

<p>4.1.3 Establish and maintain a comprehensive directory of community organizations.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • A Hispanic group put together a directory of services (including those for individuals with handicaps) for their website. It was difficult to get information from providers. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • One of the characteristics of the county is fragmented municipalities.
<p>4.1.4 Use broad-based communication strategies to strengthen linkages among LPHS organizations and to provide current information about public health service and issues.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. • Communication is a two way street and requires dialogue. Whose responsibility is it to ask whom? There is a need to keep websites updated, to keep in contact, to communicate among each other... <p>Strengths</p> <ul style="list-style-type: none"> • A system has been put in place to notify providers and hospitals about outbreaks and disaster. It appears to be a good system for that type of thing. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • One individual changed jobs and discovered that the information networks she was part of ceased. In addition, there was no pursuit to find out that she was the replacement for the previous employee.

Model Standard 4.2: Community Partnerships

4.2.1 Establish community partnerships and strategic alliances to assure a comprehensive approach to improving health in the community.

Observations

- The group assessed this standard primarily at the significant level.
- Caregiver consortium – much of what the consortium does is system change, not agency change.

Strengths

- General funding for preparedness is available.
- As conversations occurred, the dental clinic plan outcomes changed.
- The Health Council changes its focus depending on results [assume from Health Report Card].
- The Nutrition Coalition funds were cut, so there were less people. But more recently, people are back at the table because they know they need to step up to help.
- The Nutrition Coalition is successful because it is non-profits, which is not competitive. They are working together to do good.
- There is tremendous collaboration in the Nutrition Coalition.
- The End of Life Coalition in Wisconsin required individuals to come together collaboratively. Doing this was not a small feat, as it included ALL the relevant organizations. It can be done, but a person needs to be clear as to how badly they want it done.
- You have more power than you realize.
- It is a process as to how an individual or organization makes decisions on where to put funds and be involved.

Areas for Improvement

- Activities may align with the essential public health services, but the activities may not be identified as essential services. People may be working towards them, but may not know what they are.
- There was a lot more happening in Waukesha County before, but money started to dry up and with that, the ability to be as generous with staff and resources to share. Now it is a different environment, although it is still doing a good job.
- The competitive nature of the economy leads to some hesitation. Everyone wants to be a star, which doesn't always lead to collaboration.
- There have been wonderful projects that have spent money on advertising individually, when there could have been collaboration around the advertising. It is competition. Doing a conference collaboratively is a large feat. The sharing of risk and reward is not done.
- For profits share only to a point.
- To have significant community benefit, significant dollars are needed.
- Business is missing – the system is heavy on non-profits.
- The general public is missing.
- Primary care medicine is not involved.

Model Standard 4.2: Community Partnerships

<p>4.2.2 Assure the establishment of a broad-based community health improvement committee.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate, significant and optimal levels. There was also a disproportionate number of abstentions. • A number of attendees had never heard of the Health Council and/or didn't know anything about what it does. <p>Strengths</p> <ul style="list-style-type: none"> • Heart Healthy Waukesha came out of the Health Council. The report showed a low grade in heart health. Heart Healthy Waukesha became self sustaining group and has true collaboration. Health care agencies came together to make this happen. • The tobacco free coalition came through state dollars to public health department. The tobacco coalition worked with the heart group. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The Health Council does not have representation from everywhere. • Q: does the Health Council participate in health fairs? • There was an attempt to get media attention for the Report Card. The result was that the Report Card was not covered by the media. • In the past, the Report Card has not been distributed as well as it could have been. This edition just came out. Each time it came out a presentation has been done. Not many people from the public came. There is a lack of interest, and the press never comes.
<p>4.2.3 Assess the effectiveness of community partnerships and strategic alliances in improving community health.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent to moderate levels. There was also a disproportionate number of abstentions. <p>Strengths</p> <ul style="list-style-type: none"> • Informal review does occur on a case-by-case basis, and awareness and discussion are the primary evaluation tools. • Many evaluations are process evaluations, and not true evaluation. • Individual partnerships may do internal assessments. • The Caregiver Consortium did an online survey for 2008 involvement. • There is some system evaluation when clients are referred within the county. • Generally speaking, reports to funders include evaluation at the system level (for that particular project). <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The Caregiver Consortium did an online survey for 2008 involvement. Results from the survey were never shared. • The group was not aware of any system evaluations that exist. Each agency does their own evaluation. • Everyone is connected to someone else in this group but not to everyone. • Most groups know each other and refer to each other, but the group did not know of a system to put everyone together. • Not all contracted services fall under an umbrella, which makes it difficult to evaluate.

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

Model Standard 5.1: Governmental Presence at the Local Level	
5.1.1 Include a local governmental public health entity to assure the delivery of the Essential Public Health Services to the community.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard at the optimal level.
5.1.2 Assure the availability of adequate resources for the local health department's contributions to the provision of Essential Public Health Services.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the moderate to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> General funding for preparedness is available. <p>Areas for Improvement</p> <ul style="list-style-type: none"> The public health system does not capture all who need services/benefits. There are gaps in funding. Pandemic flu funding is no longer available. Waukesha County has the lowest number of county Division of Public Health employees per resident compared to every other county in the state. Given that, the local Division of Public Health does the best job possible with the staff they have.
5.1.3 (not scored) Maintain an appropriate relationship with its local governing entity (e.g., local board of health, county commission, state health agency).	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard at the optimal (for board oversight) and moderate (for the board's learning about the NPHPSP Governance Assessment) levels.
5.1.4 Coordinate with the state public health system.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard at the optimal level.

Model Standard 5.2: Public Health Policy Development	
5.2.1 Contribute to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process.	<p>Observations</p> <ul style="list-style-type: none"> The group varied significantly on their assessment of this standard, with responses ranging from minimal to optimal. <p>Strengths</p> <ul style="list-style-type: none"> There are many different agencies involved in policy development. <p>Areas for Improvement</p> <ul style="list-style-type: none"> Coordinating the many different agencies involved in policy development is a challenge. Law enforcement sees a subpopulation that is at greater risk for mortality.
5.2.2 Alert policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the moderate level. <p>Strengths</p> <ul style="list-style-type: none"> Public hearings are a good example.
5.2.3 Review existing policies at least every three to five years.	<p>Observations</p> <ul style="list-style-type: none"> The group varied significantly on their assessment of this standard, with responses ranging from none to optimal.

Model Standard 5.3: Community Health Improvement Process and Strategic Planning	
5.3.1 Establish a community health improvement process, which includes broad-based participation and uses information from community health assessments as well as perceptions of community residents.	<p>Observations</p> <ul style="list-style-type: none"> • The group varied somewhat on their assessment of this standard, with responses ranging primarily from moderate to optimal. <p>Strengths</p> <ul style="list-style-type: none"> • There is significant community involvement in preparedness planning. • Objectives are measurable. • Objectives are comparable to state and federal objectives. • There is a community health plan for the Hispanic community. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Prioritization of issues does not always occur.
5.3.2 Develop strategies to achieve community health improvement objectives and identify accountable entities to achieve each strategy.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant to optimal levels. • The Health Report Card gives 'grades' but does not provide programmatic direction. <p>Strengths</p> <ul style="list-style-type: none"> • Strategies identified are usually addressed. • The Health Report Card gives 'grades' but does not provide programmatic direction.
5.3.3 Conduct organizational strategic planning activities and review organizational strategic plan to determine how it can best be aligned with the community health improvement process.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the optimal level. • The LHD strategic plan is a public document.

Model Standard 5.4: Plan for Public Health Emergencies	
5.4.1 Establish a task force to develop and maintain emergency preparedness and response plans.	<p>Observations</p> <ul style="list-style-type: none"> • The group nearly unanimously assessed this standard at the optimal level.
5.4.2 Develop a plan that defines public health disasters and emergencies that might trigger implementation of the LPHS emergency response plan, describe organizational responsibilities, and establish standard operating procedures and clearly outline alert and evacuation protocols.	<p>Observations</p> <ul style="list-style-type: none"> • The group nearly unanimously assessed this standard at the optimal level.
5.4.3 Test the plan through the staging of one or more "mock events," and revise the plan as necessary at least every two years.	<p>Observations</p> <ul style="list-style-type: none"> • The group nearly unanimously assessed this standard at the optimal level.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Model Standard 6.1: Review and Evaluation of Laws, Regulations and Ordinances	
6.1.1 Identify public health issues that can only be addressed through laws, regulations, or ordinances.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the significant level. <p><i>Recommendation to the NPHPSP: The word “only” should be removed. There are constantly emerging issues. The word only makes the question difficult.</i></p>
6.1.2 Is knowledgeable about current federal, state and local laws, regulations, and ordinances that protect the public’s health.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the optimal level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> At the federal level, this is not optimal. For illegal immigrants, questions as basic as social security pose issues.
6.1.3 Review public health laws, regulations, and ordinances at least once every five years.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard at the significant to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> The 140 Review is conducted every five years for governmental public health agencies. (It wasn’t clear if laws were included in that review.) There are many laws/statutes, and the system does its best to cover all the important components. <p>Areas for Improvement</p> <ul style="list-style-type: none"> It is unclear whether local law enforcement issues (e.g., leaf-burning, curfew) are reviewed. Many things are covered under statutes, but it is emerging items that are the challenge. There are missing ordinances in Waukesha County, and some are in the process of fighting to add these ordinances. There are huge gaps in certain areas, e.g., 2001 Anthrax outbreak. Wisconsin is a home rule state; municipalities can do their own thing. How does Waukesha County mandate a Command Control System with the home rule clause? It is not clear the extent to which kids are going to be in compliance when new immunizations come about. (Information is being provided, along with the vaccine....) State analysis of laws is focused only on the state (and not on local areas). There is not enough research; data are not always available; there is not enough scientific study to determine the impact of laws. As a result, there is a lag. Determining whether or not public health laws, regulations and ordinances require updating depends on if they are dealing from a financial standpoint or something else. <p><i>Recommendation: This area could benefit from more work with the community.</i></p> <p><i>Recommendation: It would be helpful if, after a situation, an assessment would be conducted that asks, ‘did the current laws aid in the issue or do things need to be added or changed?’</i></p> <p><i>Recommendation: It would be helpful to discuss how to measure support, as there is sometimes difficulty in conveying these issues to elected officials.</i></p>
6.1.4 Have access to legal counsel for assistance in the review of laws, regulations, and ordinances.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the optimal level.

Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	
6.2.1 Identify local public health issues that are not adequately addressed through existing laws, regulations and ordinances.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • Gaps are usually addressed or identified, but not necessarily followed up on. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There are some areas of emergency management – citizen preparedness, volunteering issues – that could be better addressed through existing laws. • Gaps are usually addressed or identified, but not necessarily followed up on.
6.2.2 Participate in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances designed to assure and improve the public's health.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. <p>Strengths</p> <ul style="list-style-type: none"> • Communication is effective, however sometimes the ordinances lack consistency across locales (e.g., smoking ban across the state, drinking in public parks). • Some administrative directives exist. • Legislative bodies are listening at a local level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Sometimes there is a lack of ability to change the situation; laws and legislature stand in the way of getting things that are communicated done. • Funding and time for this task are challenges.
6.2.3 Provide technical assistance for drafting proposed legislation, regulations, and ordinances.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Lack of experience, knowledge, and background prevents the development of policy. If a person does not know how to go about creating policy, it is difficult.

Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances	
6.3.1 Identify organizations within the LPHS that have authority to enforce public health laws, regulations, or ordinances.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • There is some information on the county website. <p><i>Recommendation: It may be helpful to have a collaboration of individuals that get together to make sure everyone is on the same page and understands the scopes of each branch of government (e.g., public health, law enforcement, environmental health) during a disaster.</i></p>

Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances

<p>6.3.2 Assure that a local governmental public health entity is appropriately empowered through laws and regulations to act in public health emergencies and implement necessary community interventions.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • Some rules are in place. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is a lack of statutes that are necessary for enforcement in certain instances (e.g., an individual with SARS can walk out of the hospital; there is no power to prevent them from leaving). • Rules are in place, but there is doubt about how effectively they can be applied. • Reviewing which entity is empowered when and under what circumstances could be more thorough.
<p>6.3.3 Assure that all enforcement activities are conducted in accordance with laws, regulations, and ordinances.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Public health has fought for the authority to 'prevent, detect, manage and contain emergency health threats'. There are no quarantine ordinances.
<p>6.3.4 Inform and educate individuals and organizations of the meaning and purpose of public health laws, regulations, and ordinances with which they are required to comply.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • It is difficult to find specific laws/regulations. A person sometimes gets the run around. • Information is not available in multiple languages. There are other options for providing different information, but those are still lacking (e.g., more in schools, language issues).
<p>6.3.5 Evaluate the compliance of regulated organizations and entities.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. • This question had a high proportion of abstentions. <p>Strengths</p> <ul style="list-style-type: none"> • Self assessments exist. • There have been improvements. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Doing this work in the face of turnovers is a constant battle.

Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Model Standard 7.1: Identification of Personal Health Service Needs of Populations	
7.1.1 Identify populations in the community who may experience barriers to the receipt of personal health services.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. • A variety of populations were referenced, with considerable discussion on mentally ill, homeless, Hispanic and corrections populations. <p>Strengths</p> <ul style="list-style-type: none"> • The group demonstrated a high level of knowledge of populations within the community that may experience barriers to accessing care. • A variety of sources of information have already collected and reported on the various populations in the community (community health assessment).
7.1.2 Define personal health service needs for the general population and for those populations who may experience barriers to personal health services. This includes defining specific preventive, curative, and rehabilitative health service needs for the jurisdiction.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • There is lots of significant and relevant activity. • Organizations are hard working and committed. • There is knowledge of solutions. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Making the connection between the population and the service can be a challenge. • Given some of the language barriers, all needs may not be known. • Although it is likely that the population of the homeless community is known, the system may not know full range of needs for services. • There is limited distribution of knowledge and information on services.
7.1.3 Assess the extent to which personal health services in the jurisdiction are available and utilized by populations who may encounter barriers to care.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • Information is available from the community health assessment. • Substance abuse services are tracked. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There are not enough data on those not returning for services that likely need reoccurring service/visits.

Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

<p>7.2.1 Link populations to personal health services.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. • The group discussed the identification of the most vulnerable populations and providing assistance to them. <p>Strengths</p> <ul style="list-style-type: none"> • Services are available to link populations. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Lack of services or methods to make the actual linkage.
<p>7.2.2 Provide assistance in accessing personal health services.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the minimal level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is minimal linguistic and cultural competency in the community. Information is translated into Spanish, but for few other languages. It was noted that flood-related public information was limited in its translation into other languages. • Increased consideration needs to be provided for lower literacy levels. • There is a limited public transportation system throughout the county; available services are limited in time and location.
<p>7.2.3 Enroll eligible beneficiaries in state Medicaid and Prescription Assistance Programs.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • County government and system partners have methods and programs in place to coordinate enrollment. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • No enrollment services are available for prescription assistance programs.
<p>7.2.4 Coordinate delivery of personal health and social services to optimize access.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the minimal level. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Greater work could be done to coordinate mental health services. • Services are generally not co-located. • Services are generally not coordinated across and among system partners. There is no process or strategy for centralizing and coordinating services. The group discussed the potential to maximize utilization of services if there were greater coordination among providers, and direction and support provided to those seeking services.

Essential Service #8: Assure a Competent Public and Personal Health Care Workforce

Model Standard 8.1: Workforce Assessment, Planning and Development	
8.1.1 Establish a collaborative process to periodically determine the competencies, composition, and size of the public and personal health workforce that provides the essential public health services.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent to minimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • The Faye McBeath nursing initiative addresses the nursing workforce issue. • A competency assessment for the public health workforce is completed by the Milwaukee-Waukesha Consortium on an annual basis. • Emergency preparedness program has increased competencies. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There are limited linkages across disciplines. • There is currently no comprehensive inventory of the public health system workforce. • There is not a comprehensive assessment of the public health system workforce. • Public health competencies for medical doctors are unknown. <p><i>Recommendation: Involve medical community in reports and assessments.</i></p>
8.1.2 Identify and assess the gaps in the public and personal health workforce, ideally using information from the assessment.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • The numbers are clear as to what is out there. • Gaps in skills have been identified • Gaps in recruitment and retention have been identified • Waukesha County Technical College uses data to plan programs to address gaps. (Related to 8.1.2.5.) • There are recruitment incentives and high school program plans. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is no central assessment; existing assessments are completed independently. • Numbers are available, but not centralized. • Many don't realize they are part of the public health workforce. • There was no mention of how gaps in skills can be identified. • Gaps in recruitment and retention are identified, but plans are limited. <p><i>Recommendation: Consider developing a cumulative assessment.</i></p>
8.1.3 Distribute information from the workforce assessment to community organizations, including governing bodies and public and private agencies, for use in their strategic and operational plans.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent level. • Planning is not completed yet; the group acknowledged no activity in this area.

Model Standard 8.2: Public Health Workforce Standards

<p>8.2.1 Aware of and in compliance with guidelines and/or licensure/certification requirements.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • Individual organizations are aware of their own licensure and certification requirements. • There is a high level of compliance with guidelines and requirements of those workers contributing to the essential public health services. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Concern was raised regarding future certification and licensure requirements.
<p>8.2.2 Periodically develop, use and review job standards and position descriptions that incorporate specific competency and performance expectations.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • Most positions have job descriptions. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Many are not aware they are part of the public health system.
<p>8.2.3 Evaluate members of the public health workforce on their demonstration of core public health competencies and those specific to a work function or setting and encourage staff to respond to evaluations and performance goal adjustments by taking advantage of continuing education and training opportunities.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level.
<p>8.2.4 (LHD) develops written job standards and job descriptions for all LHD personnel.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level. <p>Strengths</p> <ul style="list-style-type: none"> • Job descriptions are reviewed regularly. • Performance evaluations are conducted regularly.
<p>8.2.5 (LHD) conducts annual performance evaluations of personnel within the LHD.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level.

Model Standard 8.3: Life-long Learning through Continuing Education, Training and Mentoring

<p>8.3.1 Identify education and training needs and encourage opportunities for workforce development.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • The need is known. • Many on-line opportunities are available. • Webinars are available. • There are some opportunities for cross-training. • Refresher courses on key public health issues are available. • Mentoring opportunities are available within government. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The question was raised whether or not the workforce can always participate in education and trainings that are made available. • Limited mentoring opportunities are available through the full public health system. • There is a declining number of student mentoring programs. • Mentoring programs are generally more informal than formal. <p><i>Recommendation: More cross-training.</i></p> <p><i>Recommendation: Provide a greater number of opportunities for field placements.</i></p>
<p>8.3.2 Provide opportunities for all personnel to develop core public health competencies.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate to significant levels. • The group was interested in the definition of cultural competency. There was a discrepancy in understanding and interpretation. <p>Strengths</p> <ul style="list-style-type: none"> • There are opportunities to develop core competencies. • There is a full array of cultural competence in interaction with colleagues and community members (Aging and Disability Resource Center and UW-Extension specifically referenced). <p>Areas for Improvement</p> <ul style="list-style-type: none"> • It is unclear whether or not the full public health system understands the core competencies. • The Preparedness Consortium assessment has been said to not be culturally competent.
<p>8.3.3 Provide incentives for the public health workforce to pursue education and training.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha County government provides education and training opportunities for the workforce. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There are limited opportunities for other public health system partners.
<p>8.3.4 Provide opportunities for public health workforce members, faculty and student interaction to mutually enrich practice-academic settings.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the minimal to moderate levels. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There are limited opportunities for interaction between staff from system partners and academic and research institutions.

Model Standard 8.4: Public Health Leadership Development

<p>8.4.1 Provide formal and informal opportunities for leadership development for employees at all organizational levels.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha County government is good at promoting participation in leadership training. • Waukesha County government provides financial support for ongoing leadership development. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • A concern was raised as to whether or not non-profit community organizations have the same opportunities that the county government has. • Cost is considered a factor in encouraging participation in leadership training. • The allocation of financial resources available to support ongoing leadership development is reflection of the budget process.
<p>8.4.2 Promote collaborative leadership through the creation of a public health system with a shared vision and participatory decision-making.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • Many collaborative relationships exist within Waukesha County. • Communication systems and procedures exist for specific issues. • The Public Health Division has an established mechanism to encourage decision-making. • The governmental public health system partners have established methods for connecting. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Everyone is not always well connected to the existing mechanisms.
<p>8.4.3 Assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the significant level.
<p>8.4.4 Provide opportunities for the development of diverse community leadership to assure sustainability of public health initiatives.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the minimal level. • The group requested more clarification on the question. <p><i>Recommendation: There may be an opportunity to bring this back to the community.</i></p>

Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Model Standard 9.1: Evaluation of Population-Based Health Services	
9.1.1 Evaluate population-based health services against established criteria for performance, including the extent to which program goals are achieved for these services.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> A number of population-based health services have been evaluated: tobacco, substance abuse, sexually transmitted disease prevention, immunizations. Established criteria are used to evaluate population-based health services; Healthiest People 2010 is used. Immunizations also have criteria. <p>Areas for Improvement</p> <ul style="list-style-type: none"> Program goals are set, but they are not necessarily conveyed to public. Many data are available, but determining where the public and where agencies can access the data is difficult.
9.1.2 Assess community satisfaction with population-based services and programs through a broad-based process, which includes residents who are representative of the community and groups at increased risk of negative health outcomes.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard at the non-existent to optimal levels (responses varied significantly by sub-question). <p>Strengths</p> <ul style="list-style-type: none"> Client-based satisfaction surveys exist within certain programs. There are 4 advisory committees that meet monthly and continually bring to the board what they feel are the needs and unmet needs of the community. Public health meets in the spring to address these issues. Public hearings exist to gather input from residents representing a cross-section of the community. (Numbers attending vary depending on the topic and importance to the individuals.) Other ways to gather a cross-section of input: public announcement, internet websites, legal notices. Patient satisfaction surveys are done and reported. Services frequently target at-risk populations. There is a comprehensive complaint service system for all services offered by Waukesha County. Complaints that are brought to the State or a different level are then sent to the County or municipality. The Health Report Card discusses problem areas (and therefore, where population-based health services can be improved).
9.1.3 Identify gaps in the provision of population-based health services.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> The Health Report Card discusses problem areas (and therefore, where population-based health services can be improved).
9.1.4 Use evaluation findings to modify the strategic and operational plans of LPHS organizations to improve services and programs.	<p>Observations</p> <ul style="list-style-type: none"> The group assessed this standard primarily at the significant level.

Model Standard 9.2: Evaluation of Personal Health Services	
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. • The group indicated having some difficulty distinguishing between personal health services and population-based health services. <p>Strengths</p> <ul style="list-style-type: none"> • Personal health services have been assessed in “pockets” but there are missing parts. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Personal health services have been assessed in “pockets” but there are missing parts.
9.2.2 Evaluate personal health services against established standards.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level.
9.2.3 Assess the satisfaction of clients (including those at increased risk of negative health outcomes).	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels.
9.2.4 Use information technology to assure quality of personal health services and communication among providers.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the minimal to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • Wisconsin is a leader in using information technology to assure quality of personal health services. It is a pilot site for a Medicare quality improvement initiative. • A majority of agencies use electronic records (i.e., hospital, health care facilities).
9.2.5 Use evaluation findings to modify their strategic and operational plans and to improve services and programs.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily as significant.

Model Standard 9.3: Evaluation of the Local Public Health System	
9.3.1 Identify community organizations or entities that contribute to the delivery of the Essential Public Health Services.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the significant to optimal levels. • The group indicated that the “group” needs to be identified. [Assume this means a clearer definition of who those organizations are who contribute to the essential services.] • The Integrated System of Partnerships diagram was used for discussion.
9.3.2 Evaluate the comprehensive-ness of LPHS activities against established criteria at least every five years and ensure that all organizations within the LPHS contribute to the evaluation process.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent to optimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • The state has used a state model to complete a health assessment. The Waukesha local public health system is now using a local level version of assessment.

Model Standard 9.3: Evaluation of the Local Public Health System

<p>9.3.3 Assess the effectiveness of communication, coordination, and linkage among LPHS entities.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the non-existent level (for all questions and sub-questions). <p>Strengths</p> <ul style="list-style-type: none"> • Individual coalitions or partnerships have some assessments. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • As an entire system, there are no assessments occurring.
<p>9.3.4 Use information from the evaluation process to refine existing community health programs, to establish new ones, and to redirect resources as needed to accomplish LPHS goals.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. • The group decided to not focus on the local public health system for subsequent questions. In the voting for those questions, the group focused on their own separate assessments. <p>Strengths</p> <ul style="list-style-type: none"> • There are examples of evaluations done in major entities: hospitals, health surveys, HEDIS [Healthcare Effectiveness Data and Information Set – quality indicators for health care], etc., but not as a whole system. • No activity to report yet for 9.3.4.1 through 9.3.4.4 [which asks about the use of evaluation information to refine existing programs, establish new programs, redirect resources, and inform the community health improvement process], other than the dental program. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is not a system-wide evaluation to guide community health improvements.

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

Overall comments:

- Research is defined as a systematic investigation that contributes to generalizable knowledge.
- Some considered this Essential Service of the more difficult essential services to achieve, given that conducting research is a huge undertaking.
- One successful example of research in the county was an intervention to reduce alcohol consumption and cigarette smoking through public health nurse activities. It was a prospective study and has been published.
- Waukesha County is trying to use innovation to meet the health care needs with no money. There is concern about losing our level 2 standing. There is a lot of research, however, there is a lack of capacity to translate the information, to write grants, and to get the information into the community. What is Waukesha County doing to tap into research expertise and leverage the people and the funding?
- There are plenty of statistics collected. Those that are collecting the statistics frequently do not think past how they could link that to a research-based organization, put in a model and apply it toward a bigger project. There is a failure to see the linkage and take the next extra step toward effectiveness and dissemination.
- Research project example – Waukesha County is the only multi-year project in Wisconsin funded by the CDC to address the community-identified priority of overweight and obesity in the Latino population. The project focuses on nutrition and activity; it could become a national model. The project is a collaboration of multiple community partners. In the second year of the initiative, they started doing measurements on the participants and had extraordinary outcomes. The collaborative had a number of pieces of the project in place (e.g., specific exercise programs, practice programs for behavioral change, YMCA membership that ProHealth provided to participants), and then added in the biometrics for measurement/evaluation. The project is also leading to system changes, e.g., food choices at La Casa Esperanza Café. Lastly, the project has leveraged other funding within the community.
- There are some strong projects (e.g., CDB grants, dental clinic) but there doesn't appear to be a research component to those.
- Waukesha County is not a major research center. There are places of higher education in and near the community, however.
- Does it have to be "formal research" on these kinds of things? There is a lot of best practices usage happening, as well as quality improvement activities.
- There is an overall question about how to define success in any project. What are those measures and how can those measures be integrated into the grant application.
- The state does apply best practices.
- For some services that cross the system but are completed by different entities, e.g., EMS, different entities collect different data and there is no way to aggregate the data.
- It was noted that there may be other projects happening in the state that are similar to those happening in Waukesha County and it would be beneficial to share lessons learned. There is no linking of similar projects across the state (and even locally).
- Waukesha County may want to reflect on (a) how well they are doing with research and (b) to what extent do they want to partner with others outside of the county.
- A challenge is securing approval from the county board for pursuing grants (which frequently fund research). The county board turned down a grant because they did not see the value of it.
- The system needs standardization of data.
- Definition of 'encourage': Many organizations are encouraging their staff to be innovative because there are less dollars, but that does not necessarily mean those employees are empowered or supported in that work. Are staff truly empowered in the encouragement? [This group chose to interpret 'encourage' as going beyond encouragement and including empowerment, resources and support.]

Model Standard 10.1: Fostering Innovation

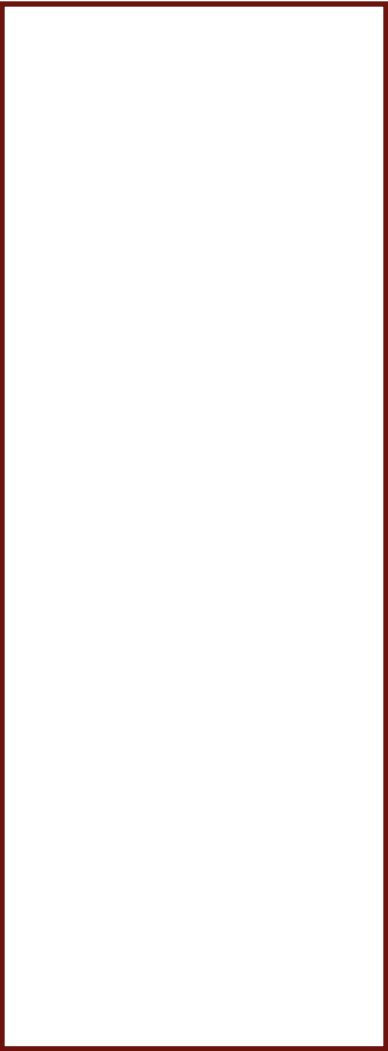
<p>10.1.1 Enable staff to identify new solutions to health problems in the community by providing the time and resources for staff to pilot test or conduct studies to determine the feasibility of implementing new ideas.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. • This group chose to interpret 'encourage' as going beyond encouragement and including empowerment, resources and support. <p>Strengths (abbreviated from summary above)</p> <ul style="list-style-type: none"> • Some studies have been completed or are being completed. • There are institutions of higher education in and near Waukesha County. • Many statistics that could be used for research are available. • There is quite a bit of quasi-research happening (e.g., quality improvement efforts). <p>Areas for Improvement (abbreviated from summary above)</p> <ul style="list-style-type: none"> • Waukesha is not a research center. • Projects that could have research potential have not taken that extra step to shift them into research mode. • There is a lack of capacity to write the grants and do the work to make research happen. • Data for one kind of activity may be collected differently by different entities conducting the same activity (e.g., EMS providers each collect different data about their runs). • The county board does not always approve grants; they may not be aware of the benefits of research grants. • Projects addressing common issues may be happening across the county and/or across the region or state, but there is a gap in communication about these activities.
<p>10.1.2 Propose public health issues to organizations that do research for inclusion in their research agendas.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the non-existent to minimal levels. <p>Strengths</p> <ul style="list-style-type: none"> • There is a partners in nursing research grant in the region from with the Robert Wood Johnson Foundation and Faye McBeath Foundation. It involves 8 nursing schools and a number of practice sites (including Waukesha County Division of Public Health). The grant focuses on increasing nursing students' exposure to public health during their training. Waukesha County was recruited to participate. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • The system is making contributions to research, and participating in research, but the system is rarely initiating research.
<p>10.1.3 Research and monitor best practice information from other agencies and organizations at the local, state and national level.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • WisLine trainings are available. • There is a willingness in the community to share information about what is going on. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Attendees wondered how individuals in the system are staying current with best practices. • Conference and travel budgets are being cut. • It is a challenge to carve out the time to do in-service or education/training.

Model Standard 10.1: Fostering Innovation	
10.1.4 Encourage community participation in research development and implementation (e.g., identifying research priorities, designing studies, preparing related communications for the general public).	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • Research applications are increasingly requiring partnerships with other agencies. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Some believe that the system is working on increasing community participation, but it is not there yet.

Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research	
10.2.1 Develop relationships with these institutions that range from patterns of consultation to formal and informal affiliations.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • The Medical College of Wisconsin is a partner in the Heart Healthy activities, some Waukesha County activities and some research for radiation oncology. • GE Health Care has a number of academic connections in the areas of osteoporosis and mammography. • Almost all agencies and health care institutions have formal agreements for student nurses. • There is significant (community) input on some curricula.
10.2.2 Partner with institutions of higher learning or research to conduct research activities related to the public's health, including community-based participatory research.	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the optimal level. • The group clarified what was meant by "community based participatory research" (CBPR). There are nine principles of CBPR and it was clear that they can't do the first several. <p>Strengths</p> <ul style="list-style-type: none"> • There are some nursing assessments being conducted in the schools. • The Search Institute is used to collect information about student assets. • A health care academy was developed. This connected students interested in health care with health professionals, as well as specialized classes. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • Given the definition of community-based participatory research (CBPR), there are a number of elements of CBPR that can't be done [in the system].
10.2.3 Encourage collaboration between the academic/ research and practice communities, including field training experiences and continuing education opportunities.	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the significant level. <p>Strengths</p> <ul style="list-style-type: none"> • Waukesha Family Practice has Medical College residents and nurse mentors. • New public health workers are often trained in the Public Health Division. • Staff at the Medical College are often expert resources for local hospitals. • GE Health Care has educational presentations from the likes of Cleveland Hospital and Mayo Clinic. • Dietetic interns are placed at UW-Extension. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is more room for improvement in these areas. • There are some challenges in placing nursing students.

Model Standard 10.3: Capacity to Initiate or Participate in Research

<p>10.3.1 Include or have access to researchers with the knowledge and skill to design and conduct health-related studies.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the moderate level. • There were a number of questions that were raised by this standard, including whether agencies wanted more research, can anyone guarantee a researcher if something comes up, etc. • Numerous attendees seemed to feel that more attention needs to be paid in this area. <p>Strengths</p> <ul style="list-style-type: none"> • There are a number of individuals at the Public Health Division who are very capable of doing and/or contributing to research. (It wasn't clear how much of this was actually happening.) • The Medical College of Wisconsin is a partner in the Heart Healthy activities. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • It was not clear whether or not everyone in the system understood the potential for access to researchers. <p><i>Recommendation: If a researcher is needed in a particular area (e.g., studying nitrates in the water supply) and cannot be accessed, this should be brought up to the Council.</i></p>
<p>10.3.2 Ensure the availability of resources (e.g., databases, information technology) to facilitate research.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group unanimously assessed this standard at the minimal level. <p>Strengths</p> <ul style="list-style-type: none"> • There is an EMS database. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • There is an immunization registry that a number of providers are not enrolled in, making it difficult to assess the community's overall immunization rate. • Researchers may not be aware of non-researcher barriers to accessing research (e.g., obtaining articles). • The EMS database has inconsistencies (but is better than it used to be). • Fees are sometimes assessed for accessing data at the state. • Most/ All state data are available at the county level, but not at the municipal level, making some measures a challenge to obtain.
<p>10.3.3 Disseminate research findings to public health colleagues and others (e.g., publications in journals, websites).</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard at the moderate to significant levels. <p>Strengths</p> <ul style="list-style-type: none"> • Findings are disseminated. • UW-Extension publicizes its results on its website. • Information gets reported at conferences and through other mechanisms. • The intervention to reduce alcohol consumption and cigarette smoking through public health nurse activities was successful and was published. <p>Areas for Improvement</p> <ul style="list-style-type: none"> • It's unclear if disseminated findings are being shared in the appropriate/best places. • A person frequently must dig to find results; they are not readily available.
<p>10.3.4 Evaluate the development, implementation and impact of LPHS research efforts on public health practice.</p>	<p>Observations</p> <ul style="list-style-type: none"> • The group assessed this standard primarily at the minimal level.



Appendix C: Evaluation Results



Appendix C: Evaluation Results

Evaluations were conducted for both the pilot and the full assessment. For both the pilot and the full assessment, all participants were asked to complete a confidential evaluation. Participants were reminded of the evaluation numerous times. During the pilot, planning team members were positioned in both the orientation and the assessment rooms to record observations. These observations, along with the evaluation results, helped improve the plan and process for the full assessment. The evaluation tool itself was modified from the pilot for the full assessment. In the full assessment, participants also had the opportunity to assess each essential service breakout sessions separately. A summary of the evaluation results are below.

PILOT (October 2008) EVALUATION RESULTS

Meeting the Objectives

Objective #1 - Demonstrate how results from the performance assessment can be used to improve the local public health system.

- 79% of participants agreed or strongly agreed that they understood why the assessment was being conducted.
- 79% of participants agreed or strongly agreed that they understood how their organization would benefit from the results of the assessment.

Objective #2 - Identify the application of the Local Health System Assessment within the community's emergency preparedness planning.

- 77% of participants agreed or strongly agreed that the orientation explained the purpose of the National Public Health Performance Standards.
- 79% of participants agreed or strongly agreed that they understood how their organization would benefit from the results of this assessment.

Objective #3 - Test a model for conducting the National Performance Standards Program's Local Health System Assessment in Waukesha County.

- 79% agreed or strongly agreed that the process was well organized.
- 93% agreed or strongly agreed that the process provided an opportunity to provide input on the system.

Objective #4 - Evaluate community support for completing the assessment for all essential services.

- 79% agreed or strongly agreed they would participate in the process again.

Objective #5 - Conduct assessment of essential services #7 and #8.

- Both essential services were completed, and scores and comments were recorded.

Additional Evaluation Results

Strengths

- Number of participants – over 40 participants.
- Diversity of representation – more than 15 organizations from across the county were represented.

- Understand why the pilot was being conducted – 79% indicated they understood why the pilot was being conducted.
- Support to continue the process – 79% agreed to participate again.

Areas for Improvement

- The orientation was too long and too detailed. The orientation should provide more focus on the process for completing the assessment, provide examples for how the assessment results can be used, and leave more time for discussion.
- Review the scoring process during orientation; emphasize scores compared against optimal levels of performance – not minimum expectations.
- Provide more time for discussion of services.

Recommendations

- Shorten and re-organize orientation based on comments and evaluation. Focus on a smaller set of core concepts.
- Conduct assessment of remaining eight services.
- Department completes agency assessment and remaining forms by May 31, 2009.

FULL ASSESSMENT (April 2009) EVALUATION RESULTS

Meeting the Objectives

Objective #1 - Define the public health system as all public, private, and voluntary entities that contribute to public health, health and well-being in a given area.

- 93% of participants strongly agreed or agreed that the orientation increased their understanding of the public health system as all public, private and voluntary entities that contribute to public health, health and wellness.

Objective #2 - Demonstrate that community providers and organizations are part of the larger public health system of response in times of natural disasters and intentional bioterrorism.

- 96% of participants strongly agreed or agreed that the orientation increased their understanding of how community providers and organizations are part of the larger public health system of response in times of natural disaster and intentional bioterrorism.

Objective #3 - Demonstrate how results from the performance assessment can be used to improve the local public health system.

- 89% of participants strongly agreed or agreed that they understood how results from this assessment can be used to improve the local public health system.

Objective #4 - Identify the application of the Local Health System Assessment within the community's emergency preparedness planning.

- The orientation provided a section on how the assessment can be applied to the community's emergency preparedness planning.
- 96% of participants strongly agreed or agreed that the orientation increased their understanding of how community providers and organizations are part of the larger public health system of response in times of natural disaster and intentional bioterrorism.

Objective #5 - Conduct assessment of essential services #1, #2, #3, #4, #5, #6, #9 and #10.

- All essential services were completed, and scores and comments were recorded.

Additional Full Assessment Evaluation Results

Strengths

- Number of participants – 86 participants.
- Diversity of representation – approximately 40 entities from across the county were represented.
- Number of attendees who felt able to contribute satisfactorily to the assessment process – 93% strongly agreed or agreed.
- Number of attendees who understood how their organization would benefit from the results of the assessment – 85% strongly agreed or agreed.
- Many comments were reflective of the following comment: “Well organized, wonderful participant involvement.”

Areas for Improvement

- There were no overarching themes, however, a number of comments were made about the length of the process (too long), the desire to self-select into Essential Services, the variability of interpretation of questions, and the ongoing struggle to differentiate between individuals agencies and the overall public health system.